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CONTENTS

LEON J. SAUL • Utilization of Early Current Dreams in Formulating Psychoanalytic Cases	453
ANNIE REICH • A Contribution to the Psychoanalysis of Extreme Submissiveness in Women	470
EDMUND BERGLER • Four Types of Neurotic Indecisiveness	481
DEXTER M. BULLARD • Experiences in the Psychoanalytic Treatment of Psychotics	493
RICHARD STERBA • Aggression in the Rescue Fantasy	505
WILLIAM V. SILVERBERG • On the Psychological Significance of <i>Du</i> and <i>Sie</i>	509
GÉZA RÓHEIM • Society and the Individual	526
IN MEMORIAM • Gertrud Jacob	546
BOOK REVIEWS • Robert Waelder: <i>Psychological Aspects of War and Peace</i> . E. F. M. Durbin and John Bowlby: <i>Personal Aggressiveness and War</i> . Gregory Bateson: <i>Naven</i> . Joseph Ralph: <i>Self-Analysis Made Simple</i> . William Henry Mikesell: <i>Mental Hygiene</i> . Carl R. Rogers: <i>The Clinical Treatment of the Problem Child</i> . Robert E. L. Faris and H. Warren Dunham: <i>Mental Disorders in Urban Areas</i> . Charlotte Buehler: <i>The Child and His Family</i> . Grete de Francesco: <i>The Power of the Charlatan</i> . Jon Eisenson: <i>The Psychology of Speech</i> . Arnold H. Kamiat: <i>Social Forces in Personality Stunting</i> . Una Bernard Sait: <i>New Horizons for the Family</i> . Johannes J. Poortman: <i>Drei Vorträge über Philosophie und Parapsychologie</i> .	549
ABSTRACTS	575
NOTES	589
INDEX	591

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CONTENTS OF VOLUME IX

Original Papers

ALEXANDER, FRANZ: Psychoanalysis Revised	1
ALEXANDER, FRANZ: Recollections of <i>Berggasse</i> 19	195
BERGLER, EDMUND: Four Types of Neurotic Indecisiveness	481
BERLINER, BERNHARD: Libido and Reality in Masochism	322
BLANTON, SMILEY: Analytical Study of a Cure at Lourdes	348
BRILL, A. A.: Reminiscences of Freud	177
BROWN, J. F.: Freud's Influence on American Psychology	283
BRUNSWICK, RUTH MACK: The Precædipal Phase of the Libido Development	293
BULLARD, DEXTER M.: Experiences in the Psychoanalytic Treatment of Psychotics	493
COHN, FRANZ S.: Practical Approach to the Problem of Narcissistic Neuroses	64
CORIAT, ISADOR H.: The Structure of the Ego	380
DEUTSCH, HELENE: Freud and His Pupils: A Footnote to the History of the Psychoanalytic Movement	184
DE VOTO, BERNARD: Freud in American Literature	236
ERICKSON, MILTON H. and KUBIE, LAWRENCE S.: The Translation of the Cryptic Automatic Writing of One Hypnotic Subject by Another in a Trance-Like Dissociated State	51
GROTJAHN, MARTIN: Psychoanalytic Investigation of a Seventy-One-Year-Old Man with Senile Dementia	80
JEKELS, LUDWIG and BERGLER, EDMUND: Instinct Dualism in Dreams	394
JELLIFFE, SMITH ELY: The Influence of Psychoanalysis on Neurology	214
KASANIN, J.: On Misidentification: A Clinical Note	342
KNIGHT, ROBERT P.: Introjection, Projection and Identification	334

MC LEAN, HELEN V.: A Few Comments on 'Moses and Monotheism'	207
MYERS, GLENN: Freud's Influence on Psychiatry in America	229
PECK, MARTIN W.: A Brief Visit with Freud	205
PFEIFFER, SIGMUND: On a Form of Defense	108
REICH, ANNIE: A Contribution to the Psychoanalysis of Extreme Submissiveness in Women	470
RÓHEIM, GÉZA: Freud and Cultural Anthropology	246
RÓHEIM, GÉZA: Society and the Individual	526
SAUL, LEON J.: Utilization of Early Current Dreams in Formulating Psychoanalytic Cases	453
SCHILDER, PAUL: The Influence of Psychoanalysis on Psychiatry in America	216
SILVERBERG, WILLIAM V.: On the Psychological Significance of <i>Du</i> and <i>Sie</i>	509
SIMMEL, ERNST: Sigmund Freud: The Man and His Work	163
STERBA, RICHARD: The Problem of Art in Freud's Writings	256
STERBA, RICHARD: The Dynamics of the Dissolution of the Transference Resistance	363
STERBA, RICHARD: Aggression in the Rescue Fantasy	505
THOMPSON, CLARA: Identification with the Enemy and Loss of the Sense of Self	37
WESTWICK, ATWELL: Criminology and Psychoanalysis	269
WITTELS, FRITZ: Phantom Formation in a Case of Epilepsy	98

In Memoriam

GERTRUD JACOB (Fromm-Reichmann)	546
MARTIN W. PECK (M.R.K.)	321

Book Reviews

ADLER, ALEXANDRA: Guiding Human Misfits (Burlingham)	128
ALIHAN, MILLA AÏSSA: Social Ecology. A Critical Analysis (Moellenhoff)	145
BATESON, GREGORY: Naven (Bunker)	555

BECK, SAMUEL J.: Personality Structure in Schizophrenia (Benjamin)	134
BENDER, LAURETTA: A Visual Motor Gestalt Test and Its Clinical Use (Brown)	441
BERMAN, LOUIS: New Creations in Human Beings (Gosselin)	429
BERNHEIM, BERTRAM M.: Medicine at the Crossroads (Eisenbud)	132
BLUEMEL, C. S.: The Troubled Mind (Millet)	137
BOAS, FRANZ: The Mind of Primitive Man (Zilboorg)	443
BODENHEIMER, F. S.: Problems of Animal Ecology (Moellenhoff)	146
BONNELL, JOHN SUTHERLAND: Pastoral Psychiatry (Peck)	147
BRADLEY, JOHN HODGDON: Patterns of Survival (Klein)	130
BUEHLER, CHARLOTTE: The Child and His Family (Leonard)	562
BUROS, OSCAR KRISEN, Editor: The Nineteen Thirty-Eight Yearbook (Dunn)	141
CATTELL, RAYMOND B.: Crooked Personalities in Childhood and After (Buxbaum)	139
DE FRANCESCO, GRETE: The Power of the Charlatan (Mohr)	565
DICKS, HENRY V.: Clinical Studies in Psychopathology (Eisler)	425
DUNBAR, H. FLANDERS: Emotions and Bodily Changes (Daniels)	418
DURBIN, E. F. M. and BOWLBY, JOHN: Personal Aggressiveness and War (Lowenfeld)	550
EISENSON, JON: The Psychology of Speech (Glauber)	568
ENNEVER, W. J.: Your Mind and How to Use It (Frank)	144
FARIS, ROBERT E. L. and DUNHAM, H. WARREN: Mental Disorders in Urban Areas (Kardiner)	561
FLETCHER, PETER: Life Without Fear (Peck)	147
GEORGE, WILLIAM H.: The Scientist in Action (Saul)	440
GESELL, ARNOLD, THOMPSON, HELEN, and AMATRUDA, CATHERINE STRUNK: The Psychology of Early Growth (Malcove)	123
GEYER, HORST: Zur Ätiologie der mongoloiden Idiotie (Grotjahn)	424
HORNEY, KAREN: New Ways in Psychoanalysis (Fenichel)	114

HUTTON, LAURA: The Single Woman and Her Emotional Problems (Dalrymple)	432
KAMIAT, ARNOLD H.: Social Forces in Personality Stunting (Thompson)	572
LAPE, ESTHER EVERETT, ET. AL.: American Medicine. Expert Testimony Out of Court (Jelliffe)	121
LEONHARD, DOZENT K.: Die Gesetze des normalen Traumes (Sterba)	127
MAUGÉ, FRANCIS: L'Esprit et le Réel dans les Limites du Nombre et de la Grandeur (Gutmann)	442
MC COLL, SYLVIA HAZLETON: A Comparative Study of the Systems of Lewin and Koffka with Special Reference to Memory Phenomena (Brown)	136
MC GREGOR, H. G.: The Emotional Factor in Visceral Disease (Eisenbud)	129
MIKESELL, WILLIAM HENRY: Mental Hygiene (Dunn)	558
MONTASSUT, M.: La Dépression Constitutionnelle (Wittels)	422
OSBORN, REUBEN: Freud and Marx: A Dialectical Study (Zilboorg)	442
POORTMAN, JOHANNES J.: Drei Vorträge über Philosophie und Parapsychologie (Grotjahn)	574
PREU, PAUL W.: Outline of Psychiatric Case-Study (Kasanin)	420
RALPH, JOSEPH: Self-Analysis Made Simple; a Guide to Contentment (Loveland)	557
RICKMAN, JOHN, Editor: A General Selection from the Works of Sigmund Freud (Saul)	415
ROBERTS, HARRY and JACKSON, MARGARET NELSON: The Troubled Mind (Goldman)	427
ROBINSON, G. CANBY: The Patient as a Person (Barrett)	430
ROGERS, CARL R.: The Clinical Treatment of the Problem Child (Malcove)	559
RUSSELL, BERTRAND: Power (Saul)	439
RYLANDER, GÖSTA: Personality Changes After Operations of the Frontal Lobes (Grotjahn)	429
SAIT, UNA BERNARD: New Horizons for the Family (Ribble)	573
SAKEL, MANFRED: The Pharmacological Shock Treatment of Schizophrenia (Zilboorg)	419

SHARPE, ELLA FREEMAN: Dream Analysis: A Practical Handbook in Psychoanalysis (Kaufman)	416
STRÖMGREN, ERIK: Beiträge zur psychiatrischen Erblehre, auf Grund von Untersuchungen an einer Inselbevölkerung (Grotjahn)	140
STUART, GRACE: The Achievement of Personality (Moore)	154
TAYLOR, F. SHERWOOD: The March of Mind (Orgel)	437
TUREL, ADRIEN: Bachofen-Freud: Zur Emanzipation des Mannes vom Reich der Mütter (Grotjahn)	434
VALENTINE, CYRIL H.: The Treatment of Moral and Emotional Difficulties (Moore)	154
VARNUM, WALTER C.: Psychology in Everyday Life (Frank)	144
VON ANDICS, MARGARETHE: Über Sinn und Sinnlosigkeit des Lebens (Herold)	433
WAELDER, ROBERT: Psychological Aspects of War and Peace (Silverberg)	549

Abstracts	444, 575
------------------	----------

Current Psychoanalytic Literature	157
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Notes	159, 451, 589
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Index	591
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UTILIZATION OF EARLY CURRENT DREAMS IN FORMULATING PSYCHOANALYTIC CASES

BY LEON J. SAUL (CHICAGO)

I

A central problem in psychological work including particularly psychosomatic studies, is that of having brief psychological diagnostic descriptions of patients which are made independently of any correlation with symptoms. The formal diagnostic terms are not sufficiently specific for individual cases. To give a significant picture of each patient's psychopathology, the description must convey the main points of the psychological structure in dynamic and psychic-economic terms, as well as the status of the conflict and of the ego. This communication does not solve the problem but is an effort in that direction.

The significance of the patient's first communications and early dreams in yielding insight into his psychology are well known (1). In endeavoring to make genetic psychodynamic formulations of cases from semiverbatim psychoanalytic records at the Chicago Institute for Psychoanalysis, we have found the short cut provided by the early hours and dreams to be a great time saver (2). During the past five years about seventy cases have been formulated from these records by the author, the majority of them in collaboration with Alexander. This experience has confirmed the generally accepted observation that the early current dreams of the analyses usually give the essence of the case. This has been demonstrated by following the later course of the analyses in many of these cases and also by a study of all the dreams in a number of others. Indeed, the most accurate and complete formulations are made by

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returning to the early dreams after a thorough study of the entire case and of all the dreams. But this is very time consuming, and as a short cut the first ten or fifteen dreams alone usually yield a satisfactory formulation. The question of the special virtue of the early dreams will not be discussed beyond stating what is well known, namely that these are usually more revelatory because they are not yet so much influenced by interpretations and resistance material.

Adequate formulations can not be made in all cases, but only in those in which the dreams are well understood. In a few instances no real structural formulation is possible because the material is very chaotic and does not show sufficient structural organization.

After reading the available data on the history and present situation, each of the first ten current dreams, or more if necessary, is studied with its associations. After understanding the dream as thoroughly as possible, an effort is made to formulate the main tendencies seen in it. These are written down for each dream and then all the dreams and notations of the main tendencies are reviewed for the central features that they have in common. Our aim is to get a formulation, from a sentence to a paragraph in length, of the main trends and their interrelationships that are seen to run through all of the dreams. Studies of the types of dreams in different psychological conditions have been made by other authors, particularly Hitschmann (3).

Since there is a great deal of material in every dream, it has proven helpful to limit the scope of the formulations and to pay special attention to certain features. Each dream is studied as thoroughly as possible but the interpretation is confined to those tendencies which are readily apparent from the manifest content in the light of the history, life situation, and associations. Very deep material or that which is only distantly alluded to in the manifest dream is not included.

Secondly, a great deal is learned about the kinds and degrees of repression and about the status of the ego by paying special attention to the part played in the manifest dream by the dreamer himself in his own person.

A third important consideration is the status of the conflict situation including the kind and degree of solution of the conflict, of regression and of gratification, particularly as those appear in the manifest content of the dreams. It is likely that these factors will be of central importance in psychosomatic studies.

Formulations which include these points are usually adequate for general purposes of description and diagnosis. They are of course never complete—no medical diagnosis is—for there are unsolved problems in every case. For special studies additional formulations may be necessary in order to emphasize particular factors, for example, the balance between intaking and eliminating tendencies, the status of the hostilities, and so on.

II

The case selected to illustrate this method of formulation is a more difficult one than the average. It was selected because it is a case of essential hypertension (4) and therefore the content as well as the methodology may be of interest. This patient's blood pressure fluctuated from 160/110 to 200/130, and had been increasing for ten years preceding his coming to analysis. His mother was the central figure in the analysis. She was of a middle class family with aristocratic tendencies but financially unable to move in the circles to which they potentially belonged. She was evidently disappointed in her own ambitions by the father whom she dominated, who was of humbler status and whom she depreciated to the patient. She was high-strung while the father, like the others of his family, was of a more 'physical' type without cultural or social ambitions. He reacted to her domination by drinking.

The patient who was the eldest of a large family was spoiled and kept in curls until the age of eight by his mother, to whom he became overly attached. When the patient was five the family met financial reverses and before he was eight he was forced to run errands and sell newspapers to earn money. He was bitter against his mother for inculcating aristocratic aims while forcing him at the same time to go for cans of beer. To

this frustration the patient reacted with a bitterness which was repeated in similar situations throughout life whenever he was forced out of situations of love, comfort and protection into responsibility and exertion. Thus at sixteen, when he was forced by his mother to work in a factory, he reacted with rage, anxiety, epigastric distress, and constipated stools with blood and mucus. The same reaction occurred in similar life situations, and with great violence at the ending of the psychoanalysis.

The mother before her marriage had worked for a wealthy and prominent family. Some years later she lived with her children in a location adjacent to the home of her former upper class employers who throughout her life regarded her as almost one of their family. Thus the mother came to imbue the patient with her ambition for him to achieve a high social and financial level and be accepted by the children of her aristocratic patrons and their set. The patient felt that these children were snobbish and never accepted him. In later years he far outstripped many of them but retained much of the old feeling of not 'belonging'. The mother indicated to the patient that his father was a failure and that all her hopes rested upon the patient, thus increasing his oedipus conflict and especially his guilt towards his father. She was puritanical and restrictive, and the patient felt forced to pursue her ideal of ambition to the exclusion of almost all pleasure. He became filled with a chronic unconscious rage at his mother as a rebellion against her domination and attraction, and as a protest against being forced from a situation of maternal overprotection into the independence, effort and responsibility entailed in the pursuance of her ambitions for him. This rage was not conscious while growing up nor really so until the analysis. Up to that time the hostility was acted out unknowingly and was covered up.

The patient pointed out that his sister, subjected to similar domination, failed to escape and spent her entire life in virtual slavery to the mother. The latter, on the other hand, boasted of having made a martyr of herself and of having been so

confined by slaving for her children and husband that she had not been further from the grind than her own front porch in fifteen years. The patient actually succeeded in carrying out his mother's ambitions for him through the technique of being popular, and pleasing his powerful employers. But his normal activities towards his business, church and family meant effort, responsibility, and submission to his mother, against which he rebelled with intense rage. Moreover the oedipal envy of the father was also transferred to his successful employers. This rage however was never expressed and he was outwardly an extremely polite, popular, considerate, rather ascetic gentleman. Unconsciously he longed for the happy days of overprotection and spoiling before he was six. His rage was largely a defense against this wish as well as a result of its frustration. It also arose from his attitude of father envy towards persons who seemed freer and more independent than himself.

His rebellion took the form of efforts to indulge in illicit sexuality which was so strictly forbidden by his mother, who was at the same time seductive and openly preferred the patient to his father. Thus he accepted all responsibilities with a thoroughgoing sense of duty but with unconscious rebellion and search for escape. The search for escape did not find an outlet until he was forty years old and then took the form of reckless illicit sexual escapades which led to divorce. The rebellion, hostility and guilt also led to his unconsciously losing his business. As soon as a girl became serious and threatened to involve him in responsibilities, his rage and wish to escape would appear. This illicit sexuality was always blocked by fear. He could not stand submission because of rage, nor this rebellion because of guilt and fear; seeking a direct sexual outlet for his conflict he repeatedly found himself in forbidden sexual situations in which he was in fear of being caught by his mother, wife, boss, or public opinion.

The associations during the first seven sessions which preceded the first dream (which occurred in the eighth hour) dealt almost entirely with the fear of being caught in these forbidden

sexual situations. A few of these were as follows: at the age of about five when he was in bed with his mother and younger sister, he reached towards them with sexual curiosity and then stopped because of fear. At the age of fourteen, he was nearly caught by his mother just as he wanted to touch the leg of a girl. Once when he went with a woman to a hotel, he was so afraid of the hotel clerk that he was unable to sign the register.

Further details of the patient's psychology will be obvious from the early dreams. A typical situation recurs in almost every dream with certain omissions and changes in form. In the dreams there is a man and a woman. The patient is with a woman in a direct or sublimated sexual situation, and fears, sometimes defies, a man who is a father figure.

Although it has proven preferable to utilize at least ten dreams in making formulations, and ten were used in this case, in the interest of brevity only six of them will be presented. It is hoped that these will be sufficient to demonstrate the point. I have tried to select a case in which the dynamics are relatively clear from the manifest content alone. Hence very few associations are given. No attempt is made to give a complete interpretation, but only to define the main trends even though the resulting statements will sound rather telegraphic and abstract.

Dream 1¹

(a) The patient is on the analytic couch. The analyst, on a chair next to him, is urging him on and straining with him like a football coach, saying 'Out with it!'. The patient does not resent this.

(b) The patient is in a box at the theatre with Miss C. Three or four men are in the box and are stealing glances at her breasts and down her evening dress. The patient greatly resented this.

The associations indicate that the patient was having a clandestine affair with Miss C. and because of his anxieties was tortured with doubts as to whether or not to break it off.

¹ The numbering of the dreams denotes the chronological sequence of the dreams in the analysis.

The first part of the dream reveals a passive submissive wish towards a man and a reluctance to confess (on the couch; urged by the analyst), which causes resentment which the patient denies. In the second part is seen the tendency to relinquish a heterosexual and oral attachment to a woman. The patient reacts with resentment.

Dream 2 (Nightmare)

The patient is in bed with Miss C., just to sleep, with no idea of intercourse. Mr. O., a puritanical business man, calls the patient and the patient tries to protect Miss C. from Mr. O.'s knowing that it is she. He feels a terrible fear, tries to cry out and can not.

The associations lead to a boss, a father figure whom the patient hated, feared and defied.

This dream is perhaps the most characteristic one for this patient. In it he is paralyzed and interrupted in a sexual situation with a woman by a masochistic wish towards a father figure upon whom the patient projects his hostility which reappears, as in the first dream, in the form of looking (later in the analysis it is also represented as a passive anal attack and as castration). The looking is directed towards the woman with whom the patient identifies.

Dream 3

Some narrow-minded church-going people expect the patient to do something with a trout which is a girl, his wife and daughter. He is to prepare it for cooking but he drops it in the fire and then reproaches himself. He wonders if it tastes like trout which is expensive. It is burned to ashes. Then there are books on radical sex literature and prostitution.

To the trout, he associates his wife's expensive tastes, and his intensely hostile wish to be rid of his feeling of obligation toward her.

In this dream the patient rebels against submitting to his mother, represented by the church-goers who want him to do his duty towards his wife whom in reality his mother selected for him. His rebellious anger is turned against his family

whom he gets rid of with consequent guilt (and from whom in actuality he was divorced). He rebels against legitimate sexuality and wants the illicit.

Dream 6

The patient meets a brazen girl in the elevator of his exclusive men's club into which no women are allowed.

In this dream, the patient is again in a forbidden sexual situation. He is inhibited in his feelings towards the girl by fear of the men and at the same time defies them by being with her. He says that he would like to be brazen but is afraid to, and reveals a degree of identification with the girl.

Dream 7

The patient hears Miss C. scream with pain. He asks if she has a good doctor and wants to go to her but his wife prevents it.

This is a repetition of the situation of being prevented by his mother from going with girls. It shows his hostility to the girl and through his association of analyst with the doctor, shows his masochistic feminine identification with her. It also shows, as will be apparent from *Dream 9*, that the patient turns towards the girl the hostility he feels against the analyst.

Dream 9

Miss C. is in the position of the analyst, behind the patient. He is her guest. She has little on and leans over the patient. The patient is happy.

To this dream the patient associates feeling depressed while walking with his girl and telling her not to be like his wife whom, as previous material showed, the patient identifies with his mother.

In this dream a beautiful girl is substituted for the analyst thus making the attachment less full of conflict. This type of dream is rare for this patient. Unlike the other dreams in which he is in an unsolved conflict situation, he here permits himself a little more satisfaction. But even this is alloyed as the associations show.

Utilizing the main points of the history and the early dreams, the case may be formulated as follows:

Domination, spoiling and thwarting by the mother caused an increased submissiveness, dependence and oral and sexual attachment to her, with rage against her as a defense against the attachment and also from its frustration. This attachment caused feelings of inferiority and increased competition and envy towards the father, with consequent guilt and fear towards him and a very masochistic attitude towards him. Attempts at rebellion and escape from this masochistic submissive attitude took the form of inhibited attempts at illicit sexuality with semi-depreciated women, which only increased the guilt. The patient was caught in this permanently unsolved conflict between heterosexuality and submissive masochistic wishes.

A more detailed formulation of the case is as follows:

A submissive and a thwarted oral attachment to a very dominating restricting mother (transferred to father, wife, bosses and society) results (1) in a rebellious hostility against her (transferred to mother substitutes), both as a defense against the attachment and because of its frustration, and (2) in an intensified sexual attachment to her. (In some dreams the mother appeared as a sexual object, with very little disguise.) The mother's ambitions for the patient, the hurt to his pride because of the submissive dependent attachment to her, and the intensified sexual attachment to her, all heighten the competition with the father. The hostile rebellion against maternal domination, against being forced into responsibilities, and the need to compete with the father, take the form of attempts at illicit sexuality with sister figures of a semi-prostitute type. But this sexuality is constantly blocked on the verge of satisfaction by guilt, felt and seen in the dreams as fear of a punishing father figure towards whom the patient is dependent and submissive, and upon whom the patient projects his hostilities, which are then perceived as a scopophilia directed against himself and against the woman. The sexuality fails to drain the hostility because of anxiety. This anxiety leads to a tendency to regress to a masochistic submissive dependent attitude

towards the father against which the patient fights with further hostility and competitiveness. It is the usual vicious circle. The fear of sexuality, the repudiation of responsibility, and the passive wish for the father lead also to a wish to be rid of the woman, some direct hostility to her, some inhibited over-compensatory helpfulness towards her, and a little passive oral regression towards her. The two main conflicting trends, the heterosexual and the masochistic submissive, are both blocked by hostility and anxiety. There is almost no activity in the dreams and no satisfactory solution, escape, gratification or regression.

In his dreams, as in life, the patient is paralyzed in the situation of being sexually aggressive towards a woman (mother or sister figure) by fear of a man (father figure), which he can not escape. He is inactive, inhibited or rejecting towards the woman, who is inactive, and he is also inactive towards the man who observes or threatens the patient or the woman or both.

The early dreams of another patient (5) with essential hypertension which fluctuated between 165/115 and 135/100, show a typical situation which is almost identical with that just described. Two dreams will illustrate this.

Dream 2

The patient is at a hotel with a girl. He avoids the public rooms where they might be seen and goes with her to a room where a man, apparently asleep, is lying on a couch.

To the girl he associates illicit sexual relations and to the man, industrial spies.

This dream thus shows the same conflict in a slightly different status from that shown by the first patient. He fears that the man will see him with the forbidden woman, and does nothing.

Dream 3

The patient is with his boss and a prominent woman. He secretly takes a drink. He thought the lady preferred to be with him and they did succeed in getting rid of the boss, but the patient was afraid the boss had seen him drinking; so nothing happened.

This patient also is in a situation with a man and woman, and is inhibited sexually towards the woman by his fear of the man. The scopophilia, primal scene references, and identification with the man and woman, are also apparent. However, this patient got some satisfaction by drinking which the early dreams reveal as chiefly a substitute for the sexual relation to the woman and as defiance of the father. The picture is closely similar to that of the first patient, as is the formulation, namely:

Hostility to the father due to competition with him for the mother, and also to rebellion because of submissiveness to him, is projected onto the father and turned against the patient, blocking his attempts at defiance, escape and gratification, which attempts take the form mainly of heterosexuality with prostitute types of women. The oral conflict with the mother was prominent in this case also. Compared with the first case, there is a little more regression, chiefly oral, and occasional escape from the conflict; there is also a little more direct defiance of the father, more oral satisfaction in the form of eating and alcoholism, and more overt exhibitionism and scopophilia. The hypertension was more fluctuant and lower than in the first case.

The formulation of another male patient is as follows:

The central conflicting trend is a sublimated passive homosexual tendency, rebelled against with a hostility which is projected onto father figures causing severe anxiety. The patient endeavors to save his masculine pride by gestures of masculinity in the form of promiscuity and alcoholism which are interfered with by the anxiety, and by substituting a passive oral attitude to the mother and mother substitutes for the passive wishes toward the father and father substitutes. These oral wishes towards women are satisfied both in dreams and in life. It is apparent that this conflict and its status is similar to that in the preceding cases; actually this man showed a mild, fluctuant essential hypertension, the systolic ranging from 135 to 150, and the diastolic from 85 to 100.

Dr. Roy Grinker has kindly put at my disposal some dreams of a man with essential hypertension whom he analyzed. This

man's hypertension was of four years duration, his blood pressure averaging 195/110. When he came to analysis there were no significant physical findings. He showed a nuclear conflict situation of the same content and status as that of the preceding two cases. The following dreams will illustrate this.

Dream 1

The patient went to the house of a married woman and was going to have intercourse with her when something displeased him. He had difficulty in getting dressed. Her husband then walked in and then the patient's mother.

Dream 2

The patient is talking to a blonde girl who is small breasted. He asks for a date and she leans over so that her breasts touch him. Sexually interested, he takes off his coat and vest but then in the dining room he sees a group of men who are in authority over the patient, and becomes rooted to the spot.

Here again we see the patient paralyzed in the sexual situation by fear of a father figure. The oral component, in particular the detail of the breasts, is also similar to the preceding cases.

The following is a formulation of a woman patient with no hypertension. It is presented without the early dreams and gives only the main tendencies:

There is a strong, quite overt rivalry with the mother for the father's love, leading to guilt towards the mother which is the main theme in the analysis. This guilt leads to oral regression to the mother, oral competition with the sister, and some identification with boys as a defense against sexual wishes.

A few additional brief examples are given as further illustrations.

A successful business man who came to analysis because of attacks of anxiety brought the following dreams early in the analysis.

Dream 1

He is practising fellatio upon himself and is surprised that he can do it.

Chiefly oral receptive with some narcissism.

Dream 2

He fears that he might be sent to jail for a recent business deal.

Chiefly oral guilt.

Dream 3

A girl wants an affair with the patient who tells her that he will give her nothing but sex and will do nothing for her that involves work.

Rejection of heterosexuality, obligations and work.

Dream 4

An expert criticizes the patient's work but then uses part of it thus showing that the patient is really very fine at it.

Narcissistic compensation for passive receptive attitude.

Dream 5

The patient is hysterical and a doctor gives him a glass of something to drink.

Satisfied passive receptive.

Dream 6

He robs a store but then wants to dispose of the goods and thinks he had better throw them away.

Taking causes guilt and the tendency to relieve it by elimination.

Formulation of the main tendencies: chiefly oral receptive and oral aggressive intaking tendencies with narcissistic protest, guilt and a little tendency to give.

A young woman brought the following dreams early in her analysis.

Dream 1

Some girls are invited to dinner by an older man, but not the patient.

Oral competition with sisters for father—thwarted receptive.

Dream 2

A boy spits on the patient.

Masochistic receptive soiling.

Dream 3

A male teacher is present while the patient fights with another girl for a pencil but gives up.

Competition with sister for father—thwarted.

Dream 4

The patient gets a bag which breaks and soils her.
Masochistic receptive soiling.

Dream 5

Patient sorts packages for someone.
Somewhat inhibited giving.

Formulation: receptive competition (with sisters for father) causes anal hostility (soiling) which through guilt results in (1) some overcompensatory rather inhibited giving and (2) turning of the hostility back against the patient (masochistically being soiled) and this masochistic soiling element in receiving, causes severe inhibition of the receptive wishes.

Similar examination of the first ten dreams in the analysis of a young male patient revealed the following main tendencies and their interrelationships: central tendency is oral taking which causes guilt. The patient tries to eliminate this guilt by (1) suffering (dreams of having to work excessively hard, being sent to prison, etc.) and (2) impulses to give which however are protested against and consequently inhibited.

This method of formulating cases is particularly useful when the patients themselves are not seen, but only the psychoanalytic case records are available for study. It is here that they prove an especially valuable short cut since the records are so voluminous that reading them is extremely time consuming. In this brief paper other formulations are not included.

One often sees the same nuclear conflict as the one observed in these hypertensive cases, only in a somewhat different status. For example, a male patient frequently dreamed of being interrupted in a sexual situation. The interruption usually took place by a motherly woman, often carrying food, and the dream terminated in a rather satisfactory oral relationship to her. In

other cases the nuclear conflict itself is different, such as that of the woman given in the preceding paragraph. This method is therefore a convenient one for comparing the nuclear conflict and its status in different psychosomatic and psychoneurotic conditions. For example, a patient with urticaria had all her attacks following dreams in which she was on the verge of frustration of libidinal wishes. In a typical dream her father comes to bid her goodbye, in another a figure slips from her grasp—the figure being sometimes her mother and sometimes a boy with whom she associates her intense craving for romance. These frustration dreams were regularly followed by urticaria, while satisfaction dreams were not. Whether this conflict situation will be found in other cases of urticaria or not, it recurred regularly in this case and is clearly quite different from that seen in the dreams of hypertensives.

The formulation of the basic conflict situation from the dreams is of value not only for research purposes, but for the practical understanding and handling of many cases, especially those obscured by intense and variegated resistances. By reviewing the dreams for the main conflict situation that runs through them in all its variations, the central problem is brought into sharper focus, as are the patients' various methods of dealing with it, and the analyst gains a perspective which is otherwise difficult to achieve.

III

A different utilization of dreams in this type of research is illustrated by a method used by French in studying asthma (6). Applying this to hypertension, a review was made of the dreams reported by a patient on the days when his blood pressure showed definite peaks (about 165/115, as compared with an average of 149/105 and lows of 135/100). These dreams all showed the patient caught in the unsolved conflict situation which has been formulated. For example, in one dream a daughter figure wants to pet with the patient but her family are there. In another, the patient is with some girls but is afraid because a father figure is present. One of the highest

peaks, 174/120, occurred just before an analytic hour in which the patient reports a dream which portrays the oedipus situation more frankly. He is in his mother's bedroom and his boss enters. In the second part of this dream the homosexual tendencies are also more frankly expressed: there is a girl and a man who look alike. In contrast with these peak dreams are those which occurred when the blood pressure was especially low for this patient (135/100). In one of these he is at a nudist camp and in another he is in the country with a weak man, misses the boat back to town, and reads a magazine. In these dreams, especially the latter, one sees the temporary escape from the conflict situation—he leaves town for the country with a weak man of whom he need not be afraid and further withdraws by reading. The dreams indicate that the nearer the patient gets to the original conflict with the parents, the higher the blood pressure; when he escapes or regresses from it, the blood pressure drops.

This attempt to formulate cases of essential hypertension from the first ten dreams shows in these cases that the patient is constantly wrestling with a conflict which he can neither solve nor escape. The nuclear conflict itself is strikingly similar in the four cases. This suggests some specificity in the content and, perhaps more significantly, in the status of the conflict. These patients were all men. The dreams of four female patients with essential hypertension did not show such a constant and clear cut situation. This series of male cases is much too small to be more than suggestive, but I have not found this conflict in just this form in male cases that do not have hypertension. One feature of the cases reported above is the status of the hostility and sexuality, both of which are always aroused and continually unsatisfied, though on the verge of expression.

Summary

1. By analyzing approximately the first ten current dreams with their associations and reviewing them for common features in the conflict situation, rôle of the ego, and types of

defense, and confining the interpretations to material that is readily apparent, it is possible in most cases to derive a concise general formulation which expresses the main psychological features of the patient.

2. This method is therefore a convenient one for comparing the nuclear conflict and its status in different psychosomatic and psychoneurotic conditions.

3. This is demonstrated from the analysis of four male cases of essential hypertension, all of which showed close similarity in the nuclear conflict and its status. This appeared in dreams of being caught by a man in a sexual situation with a woman, with no adequate means of escape or other solution represented.

4. Such dreams occurred when the blood pressure was at peaks, while dreams which ended in escape or regression occurred in connection with low points in the blood pressure.

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A CONTRIBUTION TO THE PSYCHO-ANALYSIS OF EXTREME SUBMISSIVENESS IN WOMEN

BY ANNIE REICH (NEW YORK)

The aim of this contribution is to further our understanding of a morbid development in the character of the woman who is extremely submissive to men and to explain a certain neurotic aspect of her love life. An investigation of this type of disturbance of the relationship to objects may also throw some light on certain properties of immature object relationships in general.

In the German language there exists the special expression *Hörigkeit* for which there seems to be no precise English equivalent; the term 'extreme submissiveness' will serve. By this term we understand a special dependency of one adult upon another: the impossibility of living without the partner, the willingness to comply with all the partner's wishes thereby sacrificing all interests of one's own, all independence and self-reliance. I think that such extreme submissiveness is a clear-cut clinical picture which may best be regarded as a perversion. It is found in men as well as in women but since my clinical material happens to comprise only female cases I will restrict myself to discussing the mechanisms at work in women. It is possible that the mechanisms in men are similar.

Susan, twenty-nine years of age, had been living in such a submissive relationship with a very brilliant but very narcissistic man for nine years. This man was very disturbed sexually and had deep objections to intercourse. It took six years before he finally gave in to Susan's importunate sexual needs, but even after that he was willing to have intercourse only on very infrequent occasions. Life with this man was a perpetual

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courtship on Susan's part. Notwithstanding the fact that her life had become a long chain of disappointments and rejections, she lived for this man only. Before him Susan had had several intimate friends, but somehow he was the 'right' one. She wanted only to be near him, to share his life. She followed him everywhere to the neglect of her vocation, her family, all her former interests.

For all this Susan felt recompensed by the overwhelming happiness which she experienced whenever she succeeded in sleeping with her lover; then she was utterly happy and had the feeling of being completely fused with him. 'We become one person', she said. 'He is I and I am he.'

The overvaluation of sexual intercourse seen in Susan is typical of all similar cases. Another example of this was Mary, thirty-one years old, married to a narcissistic man who maltreated her and went around with other women. Like Susan, Mary was deeply bound to her husband in an extremely submissive way. She endured all his insults and brutalities only to feel the bliss of having intercourse with him. Describing her feelings during intercourse, she said: 'The walls between him and me do not exist any more. I feel what he feels; I even think what he thinks. We are one person, and the only wish I have is to die that very minute.'

Intercourse is an experience of extraordinary intensity in these cases of extreme submissiveness in women. Since the feeling of bliss in this *unio mystica* cannot be explained by the orgasmic sensation alone, let us try to probe the matter a little deeper.

In the submissive woman the special ecstasy of intercourse must be viewed against the background of anxiety, despair and helplessness which are experienced when she is separated from the object of her love or when her lover turns away from her. Mary described this in the following way: 'I am quite disturbed, as if I were poisoned. It is as if I were in an empty, cold and dark world all by myself. It is absolute solitude.' The description given by Susan was somewhat similar: 'I feel

as though I were in a dark hole, all alone. All other men are dead. I am unable to do anything.'

It is worthy of note that the self-esteem of the submissive woman falls to a strikingly low level when she is away from her lover. The man, on the other hand, is overrated; he is considered to be very important, a genius. He is the only man worthy of love.

The submissive woman seems completely to have renounced her own narcissism. It is as if she had projected her narcissism onto the man; she develops a sort of megalomania in regard to him. In the magic of the *unio mystica* she finally regains through identification the narcissism which she had renounced.

Susan's history shows this clearly. She was a very ambitious girl with a wild urge towards perfection. She was characteristically compulsive in her work: for instance, she felt that she could never find a composition book of the 'right' size in which to copy the most complicated matters of science in the 'right' order. If after innumerable struggles she once managed to do so, she would then fall into a state of narcissistic enthusiasm. She began to study philosophy but finally gave it up as too difficult. A short time afterward she became acquainted with the man who later became her husband. He was a philosopher, and she fell helplessly in love with him. She was quite conscious of the fantasy that she would come to understand philosophy through her love for this man. In her analysis it became quite clear that the perfection which Susan could not achieve through her own efforts but only through having a man in intercourse was the penis.

Mary, our other submissive patient, had also fought for masculinity desperately and unsuccessfully. She too found vicarious satisfaction in her husband's greatness. Speaking of her handsome husband, she said: 'He is tall, slender, sinewy and muscular. His body is like a large penis!'

As children both women had imagined that during intercourse the woman would get the penis from the man and keep it. But the presence of this fantasy alone does not clarify the problem of submissiveness. The process of achieving the

desired penis in a magic way through intercourse seems frequently to be the solution of the masculine conflicts of normal girls. The normal girl too has to renounce her masculine desires of puberty and is also partially recompensed by the love of a man. Hence we have to look for factors more specifically determining the development of extremely submissive conduct. The question as to what distinguishes the normal woman from the submissive one is the more important in as much as under certain social conditions, for example those prevailing in the nineteenth century, the obedient wife who was submissively dependent upon her husband represented the ideal of society.

A factor more specifically bearing upon the question of submissiveness in certain women is their tendency to fall in love with men who abuse and humiliate them. If we suppose that these humiliations are an inseparable part of their love life, we must look for further signs of masochistic tendencies. These signs are indeed to be found. For one thing, these women consider intercourse an act of violence, or in a more sublime way the act may be experienced as a mystic dissolution of the person which has its climax in death during orgasm. Likewise, the humiliations to which the submissive woman is subjected are obviously a part of the love play: the deeper the despair resulting from abuse or separation from the lover, the greater the happiness of the reunion. There seem to be two parts to the process: that which is destroyed in the first part is restored in the second. The masochistic nature of yielding to the great can also be seen clearly in the masturbation fantasies of childhood. Little Mary dreamed: 'A father operates on the penis of a little boy. Then he loves the boy very much.' Intercourse in later life is a living out of this fantasy: the woman has first to be castrated and destroyed by the man in order to be loved afterwards. In that ecstatic experience we find a unification of contradictory trends and emotions. The ecstasies represent at the same time castration and the restitution of the penis as well as death and resurrection.

Before we can fully understand this strange process we must examine another aspect of the behavior of submissive women:

their extreme passivity. The submissive woman is helpless if she has to accomplish something unaided and alone. This is not because she lacks ability—all the submissive women I have analyzed were intelligent, distinguished and highly developed—but because the impulse towards activity was missing. The submissive woman wants to remain passive far beyond the realm of sexuality. The man has always to take the first step; she wants only to be his executive organ. If the man inspires or orders something she can do it, but independent action has no such pleasure attached to it.

The main symptom for which Susan came to analysis was her incapacity to do anything by herself. During the analysis she came to understand that every action undertaken by herself was initiated against great resistance because it showed that she was all alone and without her friend. Mary too was full of complaints about her lack of initiative and her unproductiveness. Only if someone else gave orders was she capable of doing anything. In conversation she always had to agree with her partner because, as she put it, she did not have brains enough to make independent evaluations. In fact she found pleasure in this type of intellectual subordination and she built up in each conversation a kind of submissiveness in miniature.

The inclination to be passive reveals a very intense sexualization of the whole life. Women showing this type of submissiveness continually want attention and love from their men. The necessity of independent action already represents for them loneliness and lack of love. They only partly learn to renounce continuous gain of pleasure and to adjust themselves to the requirements of reality. Their very childish attitude is clearly crystallized in the fantasy: 'I have no penis; I cannot do anything alone; you must continually give me something; you must always do something for me'.

Further analysis of the submissive woman characteristically reveals that her problems arise earlier than the phallic phase. They are rooted in a childish fixation to the mother. From her the child expects protection, tenderness, food—in short, all kinds of attention. This was most clearly seen in the analysis

of another submissive woman. Frances, thirty years old, had lost her mother when she was four, after which she was sent from one foster home to another for a year until her father finally provided a new mother by marrying again. The child clung to her new mother desperately and wanted all the time to be cleaned, fed, loved and cared for. In her later life the same continual demand for attention of all kinds was seen. In masochistically yielding to a very brilliant man she tried to find fulfilment of these desires through the bliss of an ecstatic union.

In Mary's childhood this special dependency on the mother played a large rôle. She did not want to do anything without the help of her mother. She had a daydream of a mighty being who knew exactly what she needed and who fulfilled her every need without her asking. What in later childhood she hoped to get from her mother was the penis. Originally her desires had been anal and oral ones. Those tendencies remained unchanged, crossing each other, overlapping, and both extending into her submissive relationship to her husband. Desires that were originally meant for the mother reappear in an ecstatic love relationship to a man.

In describing this ecstatic state we emphasize repeatedly that individuality is dissolved in complete union with the man. We might also understand this union with the great and mighty as a magic fusion with the mother. It is like relapsing to a time in which the ego is about to be formed and when the boundaries between the ego and the outer world were still blurred and only painfully experienced in moments of frustration and tension. Helene Deutsch¹ believes that the sensation of ecstasy is based upon the restitution of some larger unit in the ego when she describes the ecstatic orgasmic experience in terms of the fusion of the ego instincts and superego and at the same time with an otherwise hostile, denying outer world.

That the ecstatic experience of orgasm meant a fusion with the mother was substantiated in Mary's analysis. Whenever she

¹ Deutsch, Helene: *Zufriedenheit, Glück, Ekstase*. Int. Ztschr. f. Psa., XIII, 1927.

was separated from her mother in childhood, Mary feared that her mother had died. She suffered terribly when her mother was dissatisfied or angry with her. On seeing her mother again after an absence or at reconciliation, she felt the same intense happiness she later experienced in her union with a man. She recalled having fallen asleep in her mother's bed with an indescribable feeling of bliss, cuddled up to the warm back of the mother. She used later to fall asleep in the same position after intercourse.

The fear which hung over Mary's childhood that the mother might die we recognize of course to be an expression of the repressed hostility directed against that at times callous fountainhead of all fulfilment. This hostility was later diverted from the mother and directed towards the husband, but it remained repressed. Thus the extreme infantile ambivalence was not overcome by the later change of object but merely directed into other forms. The most important transformation was into masochism. The hostility which had been repressed was explosively discharged upon herself during intercourse through identification with the brutal, sadistic man. At these times she would feel intense lust but would experience a sort of split of her personality. At the same time that she was feeling sexual pleasure as a woman she would also feel like a bystander watching the conquest of a woman. She frequently had the fantasy of being a man and doing the same thing to a young girl. Likewise some of her masturbation fantasies revealed this coexistence of active and passive attitudes: first, a boy is castrated by his father; then the grandfather performs the same operation upon the father.

The anxiety and despair which Mary experienced when separated from her husband were secondarily erotized to increase the intensity of the later sexual gratification. During analysis she realized that in such a state of despair she really felt hatred and envy towards the man who denied her his greatness, his penis. In such a state she once bit savagely into her husband's shaving brush, and her subsequent dreams showed clearly that she wanted to bite off his penis. But such an

undisguised outburst of rage could occur only when her marriage was about to end in failure. This expression of rage signified a breakdown of the whole mechanism of submissiveness. So long as the marriage was working, her basic hostility was sufficiently neutralized by its secondary erotization; she was able to endure the torture of being alone in order to increase the bliss of the ensuing reconciliation. When the marriage started to go on the rocks, repression failed.

Although a certain overvaluation of the object is characteristic of a normal love relationship, the submissive woman tends to endow her object with a special greatness. Only with such an object is the *unio mystica* possible, the ecstatic intercourse in which all secret wishes are fulfilled, all aggression, all anxiety and all guilt neutralized.

What happens if this type of woman is thrown into a relationship with an 'average' man? Here, in contrast to her behavior with an admired man, her aggression breaks through. This can be illustrated in the case of Frances, cited earlier, whose fixation was determined by her mother's death when she was four. Frances had been bound submissively to an 'important' man for ten years. This liaison came to a sudden end when her lover's child died. A little later Frances began a new sexual relationship but of a very different kind. Her new lover, many years younger than she, was a nice, plain fellow who felt great love and admiration for her. From him she demanded and got economic security. But in this relationship there was nothing of her former devoted yielding. Here she dominated, but she had to struggle with intense feelings of guilt. 'I don't love this man', she would muse. 'I abuse his young body, his tenderness, his money. If I don't want him I put him in the icebox, so to speak, to have him ready when I need him again.' She used the man like a tool. To her he was not a human being but only a penis conveniently at her disposal. She dreamed of satisfying herself with a detached penis.

Susan likewise felt egotistic and guilty when she had a sexual

relationship with a man who was not the 'right' one. 'I do not love him', she felt; 'I just abuse him'.

In this form of sexual relationship the object is not intact; the man does not figure as a human being but only as a means of gratifying an instinct.

This lack of consideration for the object is characteristic of the prostitute. She may be submissive and masochistic in the hands of a bully while she abuses, exploits and destroys numerous other men. Here there is no identification with the object, no sentiment, no interest in individuality.

The relentless, destroying attitude which the prostitute lives out in her love life, the submissive woman attempts to master by repression. She tries hard to preserve her faith in the greatness and singularity of her man because this overvaluation alone enables her to maintain the underlying hatred in repression. A blind, unqualified glorification of the object insures a lasting relationship to it.

This strained repression, however, is frequently difficult to maintain. Mary, for instance, was always furtively and anxiously evaluating her admired husband to see whether he was really as great, as brilliant and as beautiful as she had made him out to be. She had continual anxiety that she might discover in him something that was stupid, ugly, ridiculous. To stifle this dread she naturally had to pump hard in order to maintain her object in a perpetual state of inflation. Were this bubble to break there would emerge the primitive, aggressive, coprophagic and cannibalistic impulses which in early childhood were predominant in relation to the mother.

The struggle to maintain this balance is characteristic of all object relationships in submissive women. There is towards all things a tendency to sham kindness, sham warmth, sham attachment.

This inclination to destroy, present as a chronic tendency, is not in this form characteristic of the early infantile attitude from which it is in fact derived. This impulse dominates the emotional state of the infant only if its feeling of well being is interrupted by pain and frustration. Then the denying object

is wanted intensely but only then is it at the same time hated and destroyed.

This alternation between unlimited love and the wish to destroy, depending on whether or not immediate wishes were gratified, was observed clearly in the analysis of a schizophrenic patient. At one moment the world was wonderful, its beauty entering his body like a stream of warm milk; in the next instant everything was gray, colorless, hateful. The development of a minor internal tension was sufficient to produce this change: for instance, if he became thirsty and the desired drink did not come to him magically without the necessity of his getting up and getting it. Or if his girl kept him waiting two minutes his love vanished; there was nothing left but hatred and the wish to destroy.

This patient behaved like a baby in its first month of life. At this stage there is a complete intolerance of tension and frustration. The object is beloved only so long as it fulfils every need. Life is a succession of discrete moments; there is no recollection of any kind. The fact that the object was kind until now is emotionally meaningless. The infant cannot remember nor can it wait or understand that there may be a later gratification. All it can do is rage.

Conformity to the reality principle, emotional continuity and the minimization of mood swings is achieved in a variety of ways in the course of normal development. In submissive women this is attempted by the narcissistic elevation of the object, by the pleasure gratification of the ecstatic love experience, and finally by the transformation of aggression into masochistic behavior. Instead of the loose, unstable relationships of the early stage there is developed a single, unchangeable, exaggerated fixation to the object.

This solution of an infantile conflict is not the most successful one which could be achieved. The 'phallic girl' described by Fenichel,² for instance, has worked out a somewhat similar

² Fenichel, Otto: *Die symbolische Gleichung: Mädchen-Phallus*. Int. Ztschr. f. Ps., XXII, 1936, pp. 299-314.

but more stable arrangement. This woman identifies herself with the desired organ of the object by magic incorporation. She is now a part of the man—his penis. The 'phallic girl' is not driven to masochism and is not so much threatened by an unstable ambivalence towards the object as is the submissive woman. By incorporating the desired organ of the object she is enabled to live always in a state of satisfied narcissism.

Summary

A healthy relationship to objects is one where the love of an object can be maintained even if the object be the agent of temporary disappointments or frustrations. This is possible by the development of an ego that is capable of mastering reality. Where there is interference with this development a perpetuation of early infantile conflicts results. Masochistic submissiveness in women is one way of attempting to solve these conflicts.

FOUR TYPES OF NEUROTIC INDECISIVENESS

BY EDMUND BERGLER (NEW YORK)

That every neurotic conflict is subjectively insoluble is explained, according to Freud, by the fact that the actual conflict occupying the conscious ego is strengthened by repressed infantile conflicts. The sufferer is fighting with shadows and always strikes in the wrong direction. This explains why the actual conflict whose practical solution seems quite simple to a healthy person becomes a Gordian knot to the neurotic. The external denial becomes an inner, unconscious one. Since the patient knows nothing of the unconscious reinforcement of his commonplace external conflict, he is happy to find and cling to suitable rationalizations. Every analyst knows the tenacity with which patients strive against the application of infantile material to external conflicts—conflicts moreover, frequently unconsciously created and provoked by the patients themselves.

One of the typical symptoms of an acute neurotic conflict is the inability, in varying degrees, *to come to a decision*. Frequently patients are tormented by indecision to the point of considering suicide. If they do so, to be sure, they satisfy a large portion of their unconscious need for punishment. This indecision applies especially to persons who in a preneurotic or a latent neurotic condition have been accustomed to make clear and precise decisions, and who interpret the indecision accompanying the emerging conflict as a complete collapse. This is particularly true since it is typical that the indecision becomes *generalized*, relating not only to the limited sphere of the conflict itself, but to all decisions.

Freud has called attention with reference to the obsessional neuroses, to a chronic ambivalence leading to a high degree of paralysis of the will, which reaches its climax in an 'obsessional

delirium'.¹ Unconsciously every decision at bottom signifies symbolically for these patients the desired death of the father (Federn). It is comprehensible that under pressure of the unconscious conscience this aggressive wish is resisted. One may recall at this point the 'dichronous symptom' of the obsessional neurosis, in which a second action is supposed to cancel the first 'as if nothing had taken place, whereas actually both actions have taken place' (Freud).

In a clear case of neurotic indecision, we are accustomed to investigate the infantile conflict and its elaboration in the form of a defense mechanism. In so doing we conceive the indecision to be the outcome of unconscious desires and unconscious punishments. An example is Freud's explanation of the indecisiveness of Hamlet: 'He cannot wreak vengeance upon the man who removed his father and married his mother, because this man's actions are the realization of his own suppressed infantile wishes. The loathing which ought to drive him to revenge is replaced by self-reproach and by conscientious scruples, which remind him that he is literally no better than the sinner whom he is supposed to punish.'²

We thus assume correctly that the resulting neurotic indecisiveness does not produce pain alone. The *fantasied* living out of repressed wishes also creates unconscious pleasure which is dearly bought with the punishment that accompanies the indecision in the form of depressive behavior detrimental to the individual, and the like. How great this unconscious pleasure must be is indicated by the length of time required in analytic treatment between the interpretation of a symptom and 'working through' to its final relinquishment.

I shall describe four types of neurotic reaction leading to indecisiveness that can be explained by the mechanisms cited above, yet require supplementary explanations since specific accessory defense mechanisms are utilized.

¹ The author described an extreme case of this sort in which the sickness had continued for fifty years. Cf. Bergler, Edmund: *Bemerkungen über eine Zwangsneurose in ultimis*. Int. Ztschr. Psa., XXII, 1936, pp. 238-248.

² Freud: Ges. Schr., II, p. 267, footnote 1. Cf. also Jones, Ernest: *A Psycho-Analytic Study of Hamlet*. Amer. J. of Psychol., XXI, 1910, pp. 72-113.

I. Indecisiveness Resulting from Acting Out a 'Magic Gesture'

The following detail is selected from a complicated analysis of a schizoid character. The patient among other things was a reckless spendthrift. This brought him into serious conflict with his stingy mother towards whom he used this method of showing aggression, socially and financially. In addition to motives of unconscious revenge, self-injury, and oral greed, a further curious incapacity to make a decision in the selection of objects for purchase came into play. Wishing to order three shirts, the patient went to an expensive shop where he was shown hundreds of samples. Very definitely and without hesitation, the patient narrowed down the choice, selecting perhaps thirty samples. Although he could readily separate the ones he liked from those he considered in bad taste, he was incapable of making a further choice among those that appealed to him, and according to his statement, there was no way out of his indecision but for him to order the entire thirty.

He went on another occasion to a book store to buy a particular, recently published book. The book seller showed him several dozen publications which had appeared within recent months. The patient rejected a number of these on the ground that the authors did not interest him. About fifteen books remained and the patient unable to come to a decision bought all fifteen.

From the history of this patient we learn that among her six children his mother preferred some and neglected others. The patient felt that he had been discriminated against. By means of his extravagance and his indecision, he acted out a 'magic gesture' (Liebermann). Unconsciously he performed a symbolic act, clearly an act of aggression against his mother, designed to show her how he would have liked to be treated. 'You, mother, have discriminated among your own children—at all events, you have played favorites. I, however, cannot even choose between indifferent objects—shirts, books, etc. How

much less would I be capable of doing so among my own children!'

A man who had regressed to an oral level showed neurotic indecisiveness in the acting out of a magic gesture. He was an engineer, visiting without remuneration a business concern. He had a feeling that he would not be put to work with this concern, so he arranged a contact with a second concern. He told the management of the first that he was going away on a vacation, intending to spend this time with the second concern. He was then informed by telephone that the first concern wanted him to carry out an important piece of work which he had been longing to do. The patient found himself in a 'serious dilemma' because he had already 'given' himself that day to the second firm. For a long time he could not decide but finally he telephoned the manager of the latter a rather incredible and confused fairy tale of an illness in the family, excusing himself from coming the next day. He was annoyed with himself all day because no better excuse had occurred to him.

The analysis of this indecision and of his annoyance disclosed that the simplest solution, namely, to tell the truth to the second manager with whom he was friendly, had not so much as entered his head. He felt, he said, that he was under obligation to this man who the day before had given him a job which he had carried out to the satisfaction of all concerned. He recognized that this manager, his friend, would have had no objection whatever to his staying away on that particular day because of the unique opportunity for other work. He was aware that he had told his fiction of sudden illness with such hesitation and stammering that he had aroused the executive's suspicions, especially as he was bound to hear from others of the unique piece of work which the patient was to perform elsewhere the next day. In his great indecision, however, he had been able to think of nothing better. Although he knew very well that his presence or absence was a matter of indifference to the second business manager, he still had the feeling that if he did not report for work he would be guilty of an ingratitude, even of a betrayal. The patient felt there was

much that was irrational in his behavior: his profound gratitude for the assignment of work, as well as the frantic attempts to find a credible excuse, in which he failed; moreover, his complete indecision in what was after all a very ordinary matter, seemed to him highly suspicious.

The further analysis of this strange behavior proved that the gratitude of the patient to the business director was a compensatory one. Again and again he forced the man into the position of having to refuse him. He asked for work which the director could not possibly assign to him, was then filled with aggression towards him, and felt very sorry for himself. (See part IV of this article for a clarification of this oral behavior.) Thus he was actually filled with hate for this man (unconscious homosexuality played a negligible part because the patient had regressed to the oral level) and the 'profound gratitude' was a magic gesture directed toward his mother³ whom he attempted to show by means of unconscious acting out, how unconsciously he wished to be treated: 'I am deeply touched by the smallest kindness, but you are bad and deny me everything'. That aggression was the determining factor in the behavior of the patient can be seen from the inept manner in which he lied to the manager, drawing attention to his lies by his stammering and hesitation. The patient knew the manager would be annoyed if he found out that he had been fooled. The acting out of the magic gesture embodied the bitter complaint, 'You do not love me'. We must not fail to recognize the tendency to self-punishment in this hostile and doleful lament.

II. Indecisiveness Resulting from the Withdrawal of an Unconscious Prop against Guilt Feelings

We know from experience that a large group of neurotics can live for years in a state of neurotic compromise. Their infantile wishes are realized by a process of displacement accompanied by certain unconscious self-chastisements. This state of equilibrium requires a delicate balance. Repeatedly we find that

³ The patient neurotically identified with the phallic mother all persons in authority who were in a position to give or refuse.

the unconscious ego requisitions a sort of *prop* against guilt feelings with which to exculpate itself before the superego, and which prevents the breaking out of a manifest neurosis. This *prop* is, in my opinion, the essential component of the 'latent neurosis on vacation', as a witty patient described this condition. Should this unconscious justification break down, or should it be withdrawn, the latent neurosis becomes manifest and a generalized indecisiveness appears.

I present the following case as a paradigm. A man of forty-seven presented himself in the first interview as 'a candidate for suicide', and on the advice of his family was trying psychoanalysis as a last hope. He had been married twenty-two years. His wife was a matron of fifty-six, the difference in their ages being nine years. The patient had married this 'old lady' against the wishes of his entire family. In the beginning the marriage was a happy one, except that he was always ashamed of the difference in their ages and repeatedly denied it. In later years he was repelled by the woman's frigidity, her continued lack of interest in all sexual matters, and her crudity in general. All efforts to persuade her to cater to his 'peculiarities' (for instance, masochistic preliminaries to the sexual act) came to naught, so that for about ten years the patient seldom had intercourse with his wife, later not at all. He had in recent years found a mistress who met his requirements. Both women seemed to have adjusted themselves to the double life of the man and he 'felt fine'. For the past few months, however, the mistress demanded categorically that he get a divorce and marry her.

To his astonishment the patient found that he was incapable of accepting this proposal although logically he approved it. He suddenly began to idealize 'the old lady', could not cause her the pain of deserting her, but admitted that a resumption of sexual relations with her would be impossible for him. He proved totally impotent with her. He could not make up his mind to break up his marriage and get a divorce, nor could he give up his mistress who absolutely insisted that he marry her. To make things still more difficult, he began to be com-

pletely inadequate in his responsible calling. The simplest decisions became a torment, he was afraid of losing his job and he was thinking seriously of suicide.

According to the reconstruction of the patient's childhood, the married life of his parents were very sordid. At the least misunderstanding, his father flew into a rage and abused his mother. One scene made a particularly lasting impression on the seven-year-old boy. One Sunday the father as usual demanded money for betting at the races which the mother refused. She worked in a shop, and he was a sort of good-for-nothing. He then threatened to get a divorce immediately; he said he had proof that she had deceived him years before with a roomer. The patient remembered that his father had repeatedly made similar insinuations. This scene profoundly depressed the boy who sympathized with his mother, and he grew ever more refractory and aggressive towards his father. He barely regretted his father's death which followed soon upon this incident.

The reconstruction of this scene leads one to assume the following œdipus situation: the boy loved his mother, and was filled with guilt feelings toward his father because of infantile sexual and aggressive wishes. He attempted to defend himself against this sense of guilt before his inner tribunal with the excuse, 'Father doesn't even want mother; he is angry with her; he wants to *leave* her'. This Father-wants-to-leave-Mother became a most powerful exoneration from guilt. The result of this exoneration was that he was able to marry a mother image, 'the old lady', who was nine years older than himself. The guilt feelings also made it possible for him to endure the marriage as a punishment. The prop against guilt feelings, Father-wants-to-leave-Mother, would, however, be withdrawn the instant the patient were to do the very thing with which he consciously reproached his father: *to leave his mother*.⁴ A sub-

⁴The case clearly had a more complicated structure. The patient was a masochist, therefore with an anal fixation. His use of the phallic wishes of the œdipus situation was in part an inner protection against and denial of the anal ties to his father.

stantiating detail was that the patient was the same age when he wanted to leave his wife as his father had been when he died.

I find in my analyses that by tracing such missing props against guilt feelings we find the source of many neuroses which have long been latent.

III. Indecisiveness and 'Retrospective Enthusiasm'

In an earlier work ⁵ I described among others the following type:

'A masochistic patient complained that he never had a "settled opinion". To be sure, he easily became enthusiastic but his enthusiasm was *always aroused ex post facto*, and always in the form of *criticism directed against another*. For instance, when he went to a concert conducted by Bruno Walter, he would remain unresponsive and would praise, let us say, Weingartner to the skies. When he attended a performance by Weingartner, however, he judged his hero very coolly and raved about Walter. It looked like a discharge of aggression in which a competitor was showered with exaggerated praise only for the purpose of contrast. He raved to me about a psychotherapist to whom, in turn, he coolly declared that he had confidence only in me. "Then why", I asked the patient, "in spite of your enthusiasm for this 'wonderful and unique person', and the pressure brought by your family, did you refuse to go to him for treatment?" "I wasn't nearly as enthusiastic at the time", he replied. "My enthusiasm was only aroused subsequently. If I were being treated by the other man I would rave to him about you."

'This familiar, apparently ordinary playing off of one against the other had, despite its unquestionably aggressive tone, a fairly complicated structure. Anal passive seduction wishes were the basis of this patient's attitude toward all men—the objects of his "retrospective enthusiasms" were always men. This fits in well with the patient's illness. He was a masochist, and accordingly fixed in the negative œdipus complex. This tendency to anal-passive surrender was warded off by the unconscious ego. The patient found fault with the objects of his enthusiasm, to protect himself against them. He could permit himself a surrender only

⁵ Bergler, Edmund: 'Jemanden ablehnen'—'Jemanden bejahren'. *Imago*, XXIII, pp. 289–303.

when an interval of time or intervening incidents had, as it were, erected a protective wall between him and the seducer. On the day of the Weingartner performance the Walter concert was non-existent. The enthusiasm for the other doctor was an anachronism because he was in my care, and his family would not have permitted another change of doctors. The id seems to attain its wish, although only by implication (he adores his hero only in retrospect). Yet this enthusiasm is not quite genuine; it is narcissistic rather than object-libidinous. The possibility that he identified himself with his temporary hero is not excluded ("inner identification" according to Eidelberg).

"Thus the unconscious portion of the Ego again acts protectively. A libidinal desire (anal passive seduction) is warded off by means of aggression.⁶ By being aggressive towards the hero of the moment he unconsciously proves to himself that he has no desire for passive seduction, but demonstrates instead an active masculine attitude."

In conclusion I might add that the patient was very inhibited in every way by his indecisiveness which he euphemistically described as 'having no will of his own'. The defense mechanism of the unconscious ego in the form of 'retrospective enthusiasm' was a clever unconscious means of counteracting this indecisiveness.

IV. *Pseudo Indecisiveness in Oral Neuroses*

I have repeatedly emphasized⁷ that the orally determined neuroses cannot be described by the words 'I want something', but rather, '*I refuse something (orally) in revenge*'. We cer-

⁶ Eidelberg first drew attention to the fact that the *contrary* fusion of instincts is utilized as a defense mechanism.

⁷ Cf. Bergler, Edmund: *Zur Problematik des 'oralen' Pessimisten*. Imago, XX, 1934, pp. 330-376. *Talleyrand-Napoleon-Stendhal-Grabbe*. Vienna: Int. Psa. Verlag, 1935. *Some Special Forms of Ejaculatory Disturbance Not Hitherto Described*, Int. J. Psa., XVI, 1935, pp. 84-95. *Obscene Words*. This QUARTERLY, V, 1936, pp. 226-248. *Ejaculatio Praecox*. Psychiatrische en Neurologische Bladen (Amsterdam) 1937. *Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'*, Int. J. Psa., XVIII, 1937, pp. 196-234. *Die Psychische Impotenz des Mannes*. Berne: Verlag Huber, 1937. *Preliminary Phases of the Masculine Beating Fantasy*. This QUARTERLY, VII, 1938, pp. 514-536. *On the Psychoanalysis of the Ability to Wait and of Impatience*. Psa. Rev., XXVI, 1939, pp. 11-32.

tainly are taken in by the unconscious of the patient if we interpret the oral wish only as the wish to be given something without going into the specifically involved form of revenge. The essential point is that these patients provoke, in the subtlest ways imaginable, some form of denial from those persons in the real world whom they identify with the phallic mother. This denial serves a double purpose: it sanctions aggression without accompanying guilt feelings, and it gives masochistic enjoyment. Some clinical examples will illustrate this statement.

The analytic hour of a patient who was being analyzed for premature ejaculation was drawing to a close when the patient who had the following hour called up to say that he could not come that day. Because of a recent illness, the former had missed several sessions, so I told him that he might stay longer if he had time, without additional charge, since the succeeding patient had cancelled his appointment. He agreed enthusiastically, acknowledging that it was very nice of me to put my spare time at his disposal. As the second hour drew to a close however, he rose from the couch in a fury and shouted at me, 'How can you send me away just when I am about to relate such important material'. He was quite taken aback when I said smilingly to him: 'I knew when I gave you the second hour that you would hold it against me'.

A patient continually complaining about his wife, above all reproached her with 'malicious refusal in sexuality'. I asked him of what this malicious refusal consisted and he said that his wife was completely passive as to sex. He had married a virgin with a repugnance to everything sexual, who theoretically assented to coitus only because, as she said, one had to be normal; besides, she wanted to play the woman's passive part and be forced by the man. The patient, on the other hand, expected his wife to take the initiative in coitus, to seduce him. I tried to explain to him that the wish to be forced was typical for virgins and was met with complete lack of understanding. 'What do you mean? I am to take the initiative? Ridiculous!', was his repeated reply. When I protested that if he wanted to

be seduced he should have chosen an older and more experienced woman for his partner, he replied in an injured tone, 'Oh, if the woman enjoyed it, the whole affair would give me no pleasure'.

Analysis showed that the patient did not really want intercourse. He wanted only to subject the woman, the dispenser, to ridicule. In this he succeeded by means of a simple unconscious trick: since both partners wanted to be seduced, a complete inactivity lasting for years resulted. The patient's wife was still almost a virgin when he came to me after seven years of marriage. Unconsciously the patient identified the sexually inexperienced woman with the maliciously refusing mother who had denied him pleasure, towards whom, therefore, he could behave aggressively without feelings of guilt. He refused to have intercourse, did not even talk to his wife about sexual matters for years and pitied himself masochistically because of the 'bad luck'⁸ he had unconsciously brought upon himself.

Another patient seeking treatment for ejaculatio praecox was enraged because he said he had continually met with bad luck in all his plans for marriage. The latest attempt had failed because of the 'malice' of his presumptive father and mother-in-law, and the girl's 'lack of love'. He, a man of thirty-two, had fallen in love with a girl of eighteen. When the girl's parents made inquiries concerning his financial status, he represented his income as eighty per cent lower than it really was. Alarmed at the prospect of a misalliance, the parents who were calculating business people, rich and rather purse-proud, and who wanted their daughter to marry money, opposed the engagement and influenced their daughter in accordance with their views. When the patient's relatives heard about this they were horrified. They had impressed upon him that with reference to his income it were better to exaggerate than to minimize. When I asked the patient why he had not simply told the truth about his circumstances, he answered that he

⁸ Further details concerning this patient are to be found in Bergler, Edmund: *Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'*, Case A, *loc. cit.*

had wanted to test his parents-in-law. Unconsciously he had wanted to press the girl and her parents into the rôle of 'giving' persons to an extreme, as if to say, 'Nobody loves me, therefore I may be aggressive and enjoy my unhappiness'. I was able to show that the failure of previous marriage plans had been brought about in a similar manner.

Oral neurotic men frequently display a pseudo indecisiveness, which is intended as a revenge against the female. One of my patients repeated the following scene for years. In the morning he would propose to his wife that they go to the movies or to the theater. His wife would be pleased. When he came home in the evening he would waver: 'Perhaps we'd better put it off until tomorrow?' Outraged, his wife would protest, 'I've been looking forward to it all day!' 'All right, we'll go today!' Two minutes later, 'No, let's wait until tomorrow. . . .' This seeming indecision was really an unconscious aggression against the wife.⁹

It should be noted that these oral neurotics chronically play one woman off against another, from motives of aggression. To the uninitiated their inability to decide between them frequently gives the impression of real indecision.¹⁰

It is an old experience of psychoanalysis that outward similarities in psychic phenomena tell us nothing about their genesis. The truth of this assertion is proved by our theme. The various forms of indecisiveness here described have quite different causes despite their phenomenological similarity, and their elaboration in the unconscious ego is also very different.

I am convinced of the existence of many other forms of neurotic indecisiveness in addition to those I have described. The immense variety of psychic occurrences offers the observer an inexhaustible supply of material. For such observation only two things are essential: the most precise clinical observation of the individual, and endless patience.

Translated by POLLY LEEDS WEIL

⁹ No simulation or conscious motivation of any sort is involved.

¹⁰ See the section *Potenzstörungen mit oralen Mechanismen* in the author's book *Die Psychische Impotenz des Mannes*, loc. cit.

EXPERIENCES IN THE PSYCHOANALYTIC TREATMENT OF PSYCHOTICS

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Patients suffering from frank or borderline psychoses show much greater intensity of affect under analytic treatment than do those crippled by neurosis. One would naturally expect this since the forces leading to psychosis are more powerful than those emotions which produce neurosis. So it follows that the relationship between patient and physician during treatment is more tempestuous than that ordinarily experienced in the analysis of the psychoneurotic. In place of the usual rather placid and overtly facile transference phenomena observed in the neurotic, there are on the contrary with the psychotic, profound swings of transference which are in essence similar to those of the neurotic, but so intense and so carefully concealed by a mask of indifference or a hostile suspiciousness that most nonanalytically trained psychiatrists, and many psychiatrists who have had analytic training, believe analysis of psychotic patients is impossible.

Textbooks have emphasized apathy and loss of affect as characteristic of schizophrenia. This is no loss but a mask. The early occurrence in the illness of hostile reactions followed by withdrawal, indifference or suspiciousness lends itself to the superficial appearance of inaccessibility. Much of the evidence that the psychotics are inaccessible comes from therapists who have not recognized that they themselves have engendered hostility with a consequent train of reactions ending in withdrawal and so called negativism. That these patients are not inaccessible has been repeatedly demonstrated by workers who have had the patience and perseverance to follow through and work day after day, week after week and month after month

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with institutionalized psychotic patients. The patient's tendency to form delusions about the hospital environment and particularly about the therapist is one of many reasons why psychiatrists are loathe to undertake psychoanalytic treatment of them. But if we bear in mind that transference phenomena are a combination of previously acquired irrational and inappropriate attitudes which the patient brings from his past experience and uses as a defence against anxiety, we can see how they prevent a genuine friendly relationship through which the delusions can be attacked and how they may be interpreted to the advantage of the therapeutic goal. As in the case of the neurotic, appreciation and sympathetic understanding of the sources of the delusion lead to a decrease in psychotic symptomatology.

Fromm-Reichmann¹ has discussed transference reactions and their management in schizophrenics and described how difficult a matter it is to cope with them but also how satisfactory the result when successfully accomplished. In spite of the difficulties however, it is possible to influence the course of psychotic trends through a modified psychoanalytic therapy and in as much as it is possible to influence them, it follows that it is possible to influence them for good or for bad. Unfortunately, since we are but beginning to develop a technique of treatment of the psychoses, many of the influences are bad; but where mistakes can be corrected or where one miraculously avoids making too many, the results of therapy are decidedly encouraging.

A consistent, smoothly working rapport between patient and therapist, in which the patient no longer fears the effect of what he says and in which associations flow with the freedom of a flight of ideas, is seldom reached much before the end of analysis. A great deal of anxiety during and between analytic hours, results from thoughts and feelings of which the patient does not speak and of which the analyst can be only tardily aware. It should be postulated that anxiety is always to be

¹ Fromm-Reichmann, Frieda: *Transference Problems in Schizophrenics*. This QUARTERLY, VIII, 1939, pp. 412-426.

looked for but it may be concealed in so many ways that certainty of anticipating its results is rare. For example, denunciatory hostility to conceal a developing warm friendliness for the physician, or accusations of putting ideas into the patient's mind to hide an underlying suspicion of the true state of affairs are common. Not all coming events cast their shadows before, and many anxieties arise with but little warning.

Frequent interferences with the smoothness of analytic work come, first, from comments of the analyst; second, from actual incidental experiences; and third, from ideas which come to the patient between analytic hours. Any of these, singly or in combination, may bring the analysis to an emotional pitch that threatens its continuance and markedly affects the existing thread of rapport.

Sometimes what has happened is relatively clear, and sins of omission or commission can be rectified without much damage. At other times, days, weeks, or months may intervene before a satisfying rapport can be reestablished. I have selected instances illustrating both types of experience occurring during analytic work.

The first type to be discussed is that in which actual occurrences in the management of the patient took place in conjunction with a phase of treatment in which a seeming impasse had been maintained for several weeks, the combination resulting in a serious disruption of the analytic work for many months.

The patient was a paranoid woman of thirty-nine years who had been in the sanitarium some fourteen months. She had been coming for her appointments regularly, showing a great deal of discouragement mixed with mounting anger which seemed to be expressed without difficulty. A sample paragraph from her notes a week before the present incident will indicate something of her state at this time. In reply to a question as to whether she expected the same attitudes from me that she had received from others, she replied, 'The analyst? No, nothing is expected from him. I am so tired I think I would like to sleep.' She had had a number of extra hours preceding this and I remarked that since she had proven to herself that

I would give her time when she felt she needed it, we might get on to finding out what this was all about. 'I don't know. I stood it with mother—a sense of inferiority—and I got what I wanted. I married and got a home and I hated it. I married a man from a good family; we went with the best people, the governor, supreme court judges, senators, had many friends, were invited out socially.' She readily assented that this was compensation but said she was 'so tired' and wanted to go to sleep.

This took place at nine o'clock in the evening and was the second hour she had had that day. 'If Dr. A. was only tactful he would never have had to send for you, he could have calmed me down. I haven't any use for anything you have. I am lost in a wilderness.' She had made an increasing number of requests to have Dr. A., a student intern, spend time with her and it was felt that the leakage which occurred in this way was seriously interfering with her analysis. Accordingly, I requested him to deal only with her physical complaints and not to discuss her feelings with her. He refrained but in such a tactless manner that the next hour she vented her feelings about him in no uncertain terms: 'That god damned A. telling me he is too busy to talk to me, I won't have it'. She declared she had purchased some poison, had hidden it in her room, and was eating very little so that the poison might be more effective when taken. I did not believe it; nevertheless the room was searched twice, rather perfunctorily as it turned out, without finding any poison. As she left the interview she warned, 'You should have looked for that poison'. The next day she came dressed in a negligee. She pounded the ash tray angrily and shouted, 'I will make all the noise I want to and throw things, and if that god damned Mrs. X (a patient) laughs at me again I will kill her. Do you hear? You had better get a body guard for her. She is too curious about my affairs.'

The next few hours were much the same and four days later, at nine in the evening, she went voluntarily to the disturbed ward, and a little later to the room of another woman patient with whom she had also been having great difficulties. When

the intern made rounds she said that her heart was 'doing 'funny tricks' and wished him to feel her pulse. He did so at the wrist but she wished him to put his hand over her heart. He refused, telling her to lie on the bed until she felt better. She said she wanted to talk to him but instead of going to her room she joined several other patients. Within an hour she asked to see him again but was told he was busy and would be up later. When seen, she wished the intern to sit beside her, rather than on a chair. She said she was not physically ill but felt as if she were going crazy. The intern replied, 'I will be glad to do what I can for your physical condition but Dr. Bullard is the one who can help your emotional condition'.

'Oh no he can't, lots of doctors have made mistakes. Dr. Bullard has made plenty too. You can help me by just sitting here. I will never get better. I am sick of talking. I don't want to see any of you doctors. I will handle this my own way. Let me go to my room.'

She was permitted to do so and a few minutes later was breaking cold cream jars against her radiator. She was picking up some of the pieces and rubbing them in her hands as if contemplating cutting herself with them. She stamped her feet and shouted, 'You doctors asked for it, now you have got it. I don't want a damn thing from any of you.'

The intern said, 'Mrs. H., it will have to be one of two things: either we go to your room and dress those cuts or we go to the disturbed floor'.

'I don't want you to do a damn thing. You will not touch my hands and feet (she had lacerations on both). I am going to die, I am so ill.'

He referred again to me and she replied, 'To hell with you and Dr. Bullard and to hell with the whole damn place. I will take my own way out.' The intern went to the office and was immediately summoned to her room again because she said she wanted to tell her husband she had taken poison and was going to die. The nurse later admitted seeing her put two tablets in her mouth not knowing what they were. She called her husband, told him about it and then began to vomit. Gas-

tric lavage was immediately given until stomach washings were no longer green. She had taken four seven-and-a-half grain tablets of bichloride of mercury.

The next day she was transferred to a general hospital where she remained for twelve days. I saw her every day in the hospital but she said (and her looks confirmed it) that she was physically too sick to talk. She had had anuria for three days, showed marked oedema and was so bloated about the face that her eyes were nearly closed. For the first few hours after her return to the sanitarium, she was rather friendly. This was apparently based on her appreciation of my having visited her daily while she was in the general hospital. 'Why is it we lose all our morbid fears on certain days; where do they go? I don't know, I can't understand it. A little masculine attention does set us up. I don't know why it should. Who are you men, who are so important in our lives? After all, you are only men. Even though we know you don't mean a damn word of it, it sets us up. It is silly, perfectly absurd, but there it is. Even to quarrel with you is something, it's better than indifference, it's better than some kinds of emotion. The doctor has a nice voice but you know nice voices can be very deceiving—not that yours is, you understand. If their voices are too nice, I am sceptical. I know a lot about nice voices.'

As she improved physically she became more critical. She said if she had not been allowed to take poison she would have been well in a few months. She felt I had experimented with her to see how far she could be driven before she would attempt suicide and that she had been sacrificed in order that we might learn from her how far to go with other patients. 'You used me to build them up, you took better care of your drunks than you did of me.'

During the eleven months of her hospital residence following her suicidal attempt, I received an almost continuous barrage of resentment interspersed with threats of publicly denouncing me for the treatment she had received. She did however, work out the basis of her paranoid delusions about men following her and came readily to acknowledge her erotic feelings and

interest in men other than her husband. When this point was reached she was much more comfortable, free from the paranoid delusions which had brought her to the hospital but was still convinced that we had treated her with malice and had wanted to drive her to suicide. It was not until I acknowledged that I felt her case could have been better managed in some respects, that her hostility diminished to the point where she could envisage me as someone who had wished to help rather than to destroy her. She was discharged from the hospital in June, 1936 and continued analytic work with me at intervals until the summer of 1939 when the analysis terminated. She continues to make an excellent adjustment at home.

In retrospect it would seem that we have a combination of two factors responsible for this episode. First, the interference by me with her relationship to the student intern with whom she felt much more comfortable than she did with me. Second, the occurrence of this interference at a time when her erotic feelings toward me were not capable of being fully recognized or expressed by her. If I had recognized her hostility as indicative of anxiety rather than taking it at its face value, I would have interpreted it as a defensive manoeuvre instead of attempting to deny that she had any basis in fact for her discouragement and resentment at not being understood. Thus were laid the grounds for over four years of intense hostility seriously interfering with her ability to gain insight.

The second example of an acute crisis developed from the combination of actual experiences plus ideas concerning them which were not expressed until after the crisis, when rapport had been reestablished. It occurred in a paranoid man of thirty-five.

On admission to the sanitarium the patient was reluctant to get into any close working contact and defended himself from anxiety by reading excerpts of philosophical treatises he had written and from standard works on the subject. He avoided in so far as possible personal data about which he was sensitive but made steady improvement and was discharged at the end of seven months. He remained at home for nine months

but returned one midnight in a state of marked fear. The course during his second admission was similar to the first with the exception that more efforts were made on my part to force him to discontinue his anxiety relieving activity: reading to me during our interviews. Social improvement again took place but not rapidly enough to satisfy his wife who transferred him to a veterans' hospital in February 1936 where he remained for six months after which he returned to our sanitarium at his own request. In the first interview he told me of his hardships while away and said that if only I had understood him he would have made much better progress; he knew he was not supposed to read to me during hours reserved for analysis but, 'I was afraid to talk and if you had only been more patient and had not become irritated with me I would finally have stopped reading and gone on to analysis'. I admitted my irritation and assured him of my intention not to try to force him beyond a pace he could travel.

For the next six weeks tension mounted steadily and he was transferred to the disturbed ward following the introduction to his room of a male patient who talked to him about a fellatio experience. He broke appointments, refused to be seen in his room and declared himself through with therapy. He attributed great powers to me, said I controlled the newspapers, the making of movies, the management of traffic, that I had introduced persons into the hospital to spy on him, refusing to believe that other patients on the floor were genuine. About a quarter after ten one morning he barricaded his door with two beds and a bureau in anticipation of my visit. At eleven he broke a heavy mirror in his room and on being observed through the transom testing a piece of glass against his side, the door was forced. On my arrival a few minutes later the patient was 'standing off' several nurses in the hall with a long heavy sliver of glass upraised, ready to throw. Attempts to engage him in conversation failed for over an hour, and when I seated myself opposite the broken panel of the door he let fly with pieces of glass several times. My standing in the doorway did not increase his tension. My slightest change of

position however, heightened his tension markedly. After two hours of fruitless endeavor on my part to break his silence he began experimentally drawing glass across his wrist. I became apprehensive and made greater efforts to draw him into conversation. I said that I could not understand why he was doing this and that I knew he was sick or he would not think that suicide was the only way out for him. Finally, he broke his silence of two hours saying, 'You think I am afraid to commit suicide?'

'No, I don't think you are. I am certain you would, if you thought that was the only solution.'

'Well, why do you keep picking on me, torturing me, having the others do so?'

'I am not picking on you. I know it seems that way to you but I really am not.'

'Do you mean to tell me you haven't had things put in the papers about me?'

'Yes, I really haven't.'

'O.K. You want me to think I am not paranoid' (hastily correcting himself) 'You want me to think I am paranoid, well, I am not.'

'Yes you are. You are as paranoid as hell or you would not think these things; you have been sick a long time and you are still going to be sick a long time, but you can get better.'

My positiveness and evident sincerity broke the tension and in a minute or two he was sitting on the bed, tears rolling down his cheeks, and begging piteously not to be tortured any more. He readily came out of the room at my request, accepted a sedative and was told he needed sleep more than anything else at the moment. He said then that if he had been given a sedative the night before when he asked for it, he would not have been so disturbed but that for some reason it had been refused him. I did not know of this until he told me. He asked me to help him and expressed a desire to go on with treatment.

The next day he asked to see me as soon as possible and came to the hour promptly. His tone of voice was firm; he

showed no tension and seemed in better contact than at any time since his first admission. He said he was convinced I was putting things in the paper about him because he had talked about something to me and to no one else. Two days before this he had told me about working one summer on a railroad frog. The next day there was a picture in the paper showing the laying of a frog on the street car tracks at Fourteenth Street and New York Avenue in Washington. He said that would be enough to convince any jury of my duplicity. I saw this picture myself and can vouch for the accuracy of the observation. He went on to say that the white towel used on the pillow of the couch made him wonder whether I had placed it there preparatory to having homosexual relations with him. He said that this bothered him a lot even though he had not thought I was the kind of doctor who would have sexual relations with a patient. The analysis, he said, he had found a 'powerful relief' at times and he wanted to continue. He knew it was the only chance he had left for recovery. The whole hour was noticeably free from tension and it was felt that with these hidden sources of anxiety in the open, work should progress more smoothly.

It did not however, and two days later he was visited by two physicians from the Veterans Bureau who succeeded in stirring him up a great deal and reinforcing his belief that I was working to his detriment in conjunction with them. He had been employed in the Veterans Bureau. He refused again to come for his appointment and requested that he be allowed to stay on the disturbed floor, saying that less sick patients made him worse and he did not think they were patients anyway. This went on for two weeks until one day he came to the office of his own accord looking depressed and tense. He sat in a chair instead of lying on the couch and began complaining of being kept sick by me and others. I asked what precipitated the previous crises and he replied, 'Nothing in particular, just an accumulation', and began to talk of the terrible time he was having with his roommate who (not the same as the one with whom he at first had difficulties) was also paranoid. As I

started to make inquiries he seized a glass ash tray and threw it at me, striking me rather gently in the ribs as I arose from my chair to meet him. He immediately retrieved the tray from the floor and stood with his hand thrown back defiantly. I demanded to know what was the matter.

'You are torturing me,' he said.

'Torturing you?' I asked.

'Yes, you know you are.'

I thought for several minutes and decided that the only thing I had been doing was talking, that I had not touched on any sensitive point and I asked if my talking itself was torture.

'Yes, and you know it,' he replied. His father had been a preacher and used to harangue him at length. I smiled and said, 'Then I will keep quiet'. After a few moments he sat down still holding the ash tray and I returned to my seat. He persisted in his contention that I nagged him and made him worse and for the rest of the hour continued to talk over his difficulties at the Veterans Bureau where he first thought he was accused of homosexual activities. He said I put too much stress on his sexual life and that if I knew all of the details of how, and when things happened, I would not blame him. At the close of the hour he was reluctant to leave the office.

Treatment continued for two more months with evidence of an increasingly good rapport until his wife removed him again to another veterans' hospital for insulin therapy. This was followed by a temporary improvement but there has been a gradual return of symptoms and the patient is now in another institution.

In reviewing the series of crises which this patient underwent, several things stand out in bold relief now which were not seen as anything more than mere shadows at the time they happened. First, my lack of appreciation of the significance of his reading books, newspapers and philosophy to me, together with his recognition of my attitude toward this. Second, the ruminations between hours which he was only able to tell me about after there had been an effective discharge of emotion, and third the significance of his roommates to him. Alertness on my

part to the mounting anxiety might have alleviated it somewhat but without the content, it is not clear how these crises could have been prevented.

From these instances of management and mismanagement I hope it may be seen that in spite of the vicissitudes of therapy it is possible to influence the course of psychosis for the better and that although treatment makes extreme demands on the time, patience and intelligence of the physician, nevertheless, beneficial results may be achieved. The greater the number of psychiatrists interested in reporting their experiences in the long-continued treatment of psychotics, the larger should be our fund of common knowledge on which successful therapy may be based.

AGGRESSION IN THE RESCUE FANTASY

BY RICHARD STERBA (DETROIT)

The increasing recognition of the significance of the aggressive tendencies in normal and above all in neurotic psychic processes, has in recent years led to a revision of the findings of psychoanalytic research with the result that in different psychic productions a new significance has been discovered. It has been seen that they are no longer to be considered as containing only positive libidinal tendencies but, almost without exception, negative destructive ones as well.

We investigate here the rescue fantasy for its aggressive content although the life-preserving, love-affirming attitude of the individual producing the fantasy towards the object to be rescued appears to contradict the presence of any aggressive intention.

Freud devoted some paragraphs to the rescue fantasy in his paper, *Contribution to the Psychology of Love*.¹ He showed there that the rescue fantasy primarily expresses the wish to *give back* to the parents the life which one owes to them, by rescuing one or both of them from danger of death. Where the mother is concerned, we find tender emotions mixed with the longing to be big and independent at the origin of the fantasy. If the son rescues the father in his fantasy there is an attitude of defiance expressed in it, a denial of the fact that one has to thank one's father for one's life. In what Freud said, we find the first indication of a *negative* component in the rescue fantasy which has not been elaborated in analytic literature.

The content, 'rescuing', expresses only a part of the complex fantasy, for the object to be rescued must first have been brought into the danger from which the producer of the fantasy is to save it. The adolescent who fantasies saving

¹ Freud: Coll. Papers, IV, p. 200.

the king or the president from the danger of a murderous attack, only undoes the crime in his unconscious fantasy of having brought the father substitute into danger. Clinical analytic investigations show us most clearly the unconscious aggressive content of the rescue fantasy.

A first example is taken from the analysis of an eighteen-year-old homosexual girl. The great difficulty in her analysis was her absolute refusal to give up the hope of becoming a boy. One day she was told that it would be necessary for her to accept her female anatomical constitution. The reaction was a protestation which one can only call grandiose. That evening she went out with a young man who was courting her and let him deflower her. There was severe bleeding which continued for four days, and she was therefore referred to a gynæcologist. He could find only a small erosion not important enough to account for the continuous bleeding and declared this to be psychogenic. It did not cease for a week and then menstruation began a week before the expected time (this patient had always had a regular period every twenty-eight days). The menstruation was prolonged from the usual three, to eight days. When it ceased, the patient had an attack of nosebleed during the analytic hour, which recurred during the two following hours. After this show of hostility against me, for such it was—reminding one of the superstitions of the Middle Ages when it was believed that the victim's wounds would begin again to bleed at the approach of the murderer—the patient told me the following dream.

At a trial, the analyst is condemned to death. The execution finally depends on whether some women agree to it or not. An endless row of women pass by the judge's table, strange thin veils streaming from their heads. The situation is such that the women when they are asked if they agree that the analyst is to be beheaded, are compelled to say, 'I do'. At our patient's turn, she is the only one who dares to say, 'No', thus saving the analyst's life.

The dream is obviously a fantasy of rescue. Analysis however shows that the saving is merely a façade and the happy

ending of a lie. The court has sentenced the analyst to death and the women are in favor of the execution. The patient's 'no' has another significance. The women with veils who are compelled in the dream to agree as they pass the table, are women at the wedding altar where the situation necessitates saying 'I do'. (The altar is called in Latin *mensa* which means 'table'.) This saving dream, then, shows itself in its deeper content to be a combination of protest and spiteful revenge. The aggression in the rescuing is obvious here.

Two minor examples illustrate the same. A patient, at a time when she feels rebuked by the analyst, produces the following fantasy of rescue.

There is a war and the analyst is badly wounded. The patient, a field nurse, finds him, a poor wreck of a human being, blind, without legs and arms. She saves him from further dangers which menace him and takes care of him. He could not have survived without her help and finally he sees how much she loves him and is grateful to her to the end of his life.

Here an interpretation is superfluous. Cruelty and revenge are too clearly expressed.

The next example is a slip of the tongue of a patient who begins to relate a rescue fantasy with the words: 'Doctor, I have had a rescue fantasy against you', instead of 'about you', thus betraying the aggressive content even before relating it.

Two further examples are given, the first from the analysis of a woman, the second an item found in a newspaper.

During puberty, a girl had seriously evolved the plan, in order to rescue him from military service, of creeping into her older brother's room while he was sleeping and quickly cutting off one of his fingers. She was greatly astonished at her father's anger when she related to him her plan.

In the New York Times of July 20, 1940, there appeared the following:

'A sleep-walking farmer killed his three-year-old daughter while dreaming he was saving her from a mad dog. He often walks in his sleep and is subject to nightmares. During a

nightmare he dreamed that a dog was attacking his children, leaped from bed and snatched up his little daughter. When he swung her out of the dog's reach, the authorities said, her head struck the staircase and her skull was fractured. Then he went back to bed, still asleep. The farmer was not held and no charge was filed against him.'

These examples have been chosen from many. In my experience it is justifiable to look for some aggressive content in every rescue fantasy and I am convinced that it is to be found.

ON THE PSYCHOLOGICAL SIGNIFICANCE OF *DU* AND *SIE*

BY WILLIAM V. SILVERBERG (NEW YORK)

Those individuals whose major interest is in the study of human relationships must realize the importance of language not only as a specific means of communication but also as an index of more general cultural patterns. Language customs are important indicators of the social attitudes underlying them. These customs change and develop very much as do other products and instruments of culture, although language is, of all these factors, the most static. It is my purpose to trace the evolution of one such language custom and to indicate the effect that unconscious processes have had in these changes. Such a study must interest us not only as students of human nature and the culture which develops on the basis of this, but also as clinicians whose essential task it is to understand the interplay between the individual and the culture of which he is a member.

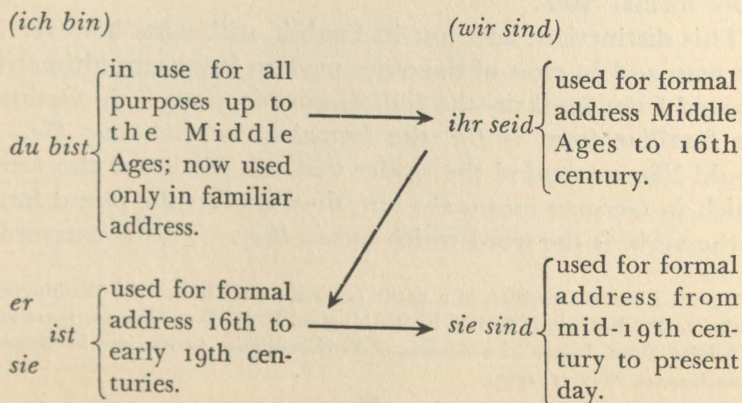
When I address an intimate or a member of my family I say 'you'. Likewise when I address a stranger I call him 'you'. This was not always the case. In plays of the time of Shakespeare we observe a clear distinction between *familiar* address, in which a person is called 'thou', and *formal* address, in which a person is called 'you'. We have now discarded this distinction by dropping altogether, save in certain very exceptional circumstances, the familiar 'thou' and replacing it with the more formal 'you'.

This distinction, now lost in English, still exists however in German and in most of the other modern languages ultimately derived from Sanskrit—the Indo-Germanic group. In German the familiar form is *Du*, the formal or courtly one, *Sie*. I would like to remind the reader that this *Sie* is *not* the word which in German means *she* but, since it takes the plural form of the verb, is the word which means *they*. This is extraordi-

This is a current revision of a paper originally read before the Washington-Baltimore Psychoanalytic Society in Washington, D. C., December 12, 1931; and in briefer form before the American Psychoanalytic Association in Boston, Massachusetts, May 31, 1933.

nary. If we know a person well, we say to him 'you are', or, more strictly speaking, 'thou art' (*du bist*); if our relations are more formal we say not 'thou art', nor 'you are', but 'they are' (*Sie sind*). This striking obliqueness, very extreme in German, but existing in one form or another in most languages of the western cultural group, stimulates one's curiosity as to its origins. Something of importance should be found underlying an obliqueness of this kind.

The courtly form of address in German has not always been the plural *Sie*. In mediæval times the normal plural of *Du*, that is *Ihr*, was the word used in polite address of a single person. In the sixteenth and seventeenth centuries the courtly form of address changed so that *Er*, the word normally meaning 'he', was used in speaking to a male, and *Sie*, the word normally meaning 'she', was used in speaking to a female. Both these forms, *Er* and *Sie*, took the verb in the singular. In the latter part of the seventeenth century the present form of polite address, *Sie sind* (you are), meaning literally 'they are', came into court usage, though not into general use until after the revolutions of 1848. When we trace what has been happening in this process of development, we can see a gradual but steady and constant tendency to veer off farther and farther from the familiar form *Du*: first to the second person plural (in addressing one person), next to the third person singular, finally to the third person plural. The following scheme indicates these changes:



A child in Germany today begins his life as '*Du*' and is called '*Du*' by everyone until he reaches a school grade roughly corresponding in age to early adolescence when he begins to be called '*Sie*'. All his infantile tendencies would therefore tend to be associated with his *Du*-personality, and his acquired, more social traits with his *Sie*-personality. These latter are the result of the child's contact with the culture that surrounds it.¹

The *Du*-personality would seem to correspond to the combination ego-id, with its devotion to the pleasure principle, its insistence upon the fulfilment of wishes deriving from instinctual sources—to that nucleus of the total personality which is its driving force. The *Sie*-personality may be regarded as corresponding to the combination ego-superego with its general tendency to inhibit and control the id; in other words, to the identification with the parent imagos. The first of these would represent the 'primitive' personality, as yet more or less untouched by the enviroing culture; the second would represent this same personality after it had undergone a certain amount of interaction with the enviroing culture resulting in modifications which complicate the original personality structure.

Although it is evident that the most important part of this modified personality comes into being while the child is still at the stage of being called '*Du*', yet so long as he is called '*Du*' he may be regarded as on probation as a candidate for acceptance into his social group. The change from *Du* to *Sie* marks the termination of this probationary period: ² he has success-

¹ It is an interesting fact that a prostitute and her client usually address each other as '*Du*' before and during intercourse, while she is offering and giving gratification of infantile libidinal drives, whereas after the act is completed it is not at all unusual for them to address each other as '*Sie*'.

² Obviously, no one 'fails' in the sense that some individuals who do not meet the requirements—for instance, juvenile delinquents—continue to be addressed as '*Du*'. The universality of the change from *Du* to *Sie* doubtless represents an assumption that no one so fails. It may be that the change from *Du* to *Sie* marks a vestige of the passage through puberty ordeals of prehistoric times. Then the assumption that everyone succeeds would represent the attempt to alleviate the adolescent's anxiety in approaching these ordeals, as well as the anxiety of his parents and other relatives who are responsible for giving him the kind of upbringing which will enable him to meet the ordeals successfully—an optimism having its source in the attempt to overcome anxiety.

fully passed through the tests of initiation, and society gives him the mark of its recognition that he is an acceptable member of adult society by according to him the title of adulthood. Among English speaking peoples much the same thing occurs when we begin to apply the title 'Mister' to the young man and 'Miss' to the young woman. The change from *Du* to *Sie*, then, merely acknowledges a deeper change that has really occurred long previously; and yet it seems reasonable that the details and attributes of this deeper change should cluster about the newly acquired name or title as their nucleus. Crawley³ points out the custom among certain primitive Australian tribes of conferring a new name on the candidate who has passed through the initiation ceremonies.

Anyone who has lived in Germany and is on speaking terms with its language has sensed the feeling of taboo that surrounds the use of the term *Du* in addressing others. It may be used freely in addressing children (approximately under high-school age), members of one's family and intimate friends. It may not be used in addressing strangers, servants and tradespeople, or individuals with whom one is not on very intimate terms. One may have been acquainted with an individual for years, seeing him every day (as in the case of business or professional associates) and yet, unless the requisite degree of intimacy exists, one would not dream of addressing him with the familiar *Du*. This would represent an unpardonable liberty and, in many cases, would be felt as an insult. Even foreigners who trespass unwittingly into this field of taboo (the Americans and the English are the most frequent offenders) are regarded somewhat askance and are forgiven whole-heartedly only by those who understand that the distinction does not exist in the offender's native language.

The taboo against the use of *Du* corresponds quite exactly to the taboo against revealing one's name.

'Unable to discriminate clearly between words and things, the savage commonly fancies that the link between a name

³ Crawley, Ernest: *The Mystic Rose* (revised by Theodore Besterman) 2 vols. London: Methuen & Co., Ltd., 1927. II, p. 8.

and the person or thing denominated by it is not a mere arbitrary and ideal association, but a real and substantial bond which unites the two in such a way that magic may be wrought on a man just as easily through his name as through his hair, his nails, or any other material part of his person. In fact, primitive man regards his name as a vital portion of himself and takes care of it accordingly. Thus, for example, the North American Indian "regards his name, not as a mere label, but as a distinct part of his personality, just as much as are his eyes or his teeth, and believes that injury will result as surely from the malicious handling of his name as from a wound inflicted on any part of his physical organism".⁴

Frazer here reveals a tendency in primitive man towards self-protection either through not telling one's name at all or through making it taboo should it happen to be known. Attention should be directed to the fact that each of the examples of bodily parts to which the name is compared by Frazer and the source he quotes is either a penis symbol or a symbol of sexual potency. This indicates what psychoanalytic experience has clearly shown, that the name, the 'handle', as it is sometimes called in American slang, symbolizes the physiological nucleus of the *Du*-personality: in the male, the penis.⁵ The reluctance to reveal the name is thus to be regarded as a means of safeguarding the penis, as an unconscious defense against castration. That the name-taboo underlies the taboo about the familiar form of address may be indicated by the fact that the baby learning to make its first sentences is apt to use no personal pronouns, but the name directly in speaking

⁴ Frazer, Sir James G.: *The Golden Bough* (abridged edition). London: The Macmillan Co., 1925, p. 244, ff.

⁵ It would seem to me more accurate at this stage of our knowledge to refer to this as the ego-id rather than as the penis. The language custom we are studying applies with complete equality to male and female individuals. Psychoanalytic experience would justify us completely in the statement that the ego-id is represented in the male by the penis. It is considerably less clear what organ would represent this entity in the female, and it is to be hoped that future study of feminine psychology will answer this question. In the meanwhile we may perhaps assume that the female's fantasy penis plays the same rôle here as that played by the male's actual penis. In any case it is upon such an assumption that I continue to make use of the concept 'penis' in this paper.

of all persons: 'Johnny playing' may mean, 'I, Johnny, am playing', 'You, Johnny, are playing', or 'He, Johnny, is playing'.

So we have a series of protective measures which might be compared roughly to a series of trenches as lines of defense:

Penis		Name		Du		Ihr		Er-Sie		Sie	
Ego-id											

We may speculate that personal pronouns first came into use as a result of this name-taboo. If people were afraid to reveal their names to enemies and strangers, it would be impossible for them to address each other on any business whatsoever, unless one invented some more oblique way of addressing a person than the blunt use of his name as the subject of a sentence. In such a manner the term *Du* or its equivalent may have developed among the Indo-Germanic races. Then it was felt, for the reasons given above, that this term was also too close to the nucleus of the personality, and strangers were addressed in the plural instead of the more direct singular. This gave way to the still more indirect address in the third person singular, and now the ultimate indirectness has been reached in the third person plural.

One would say, therefore, that the tendency noted in primitive man to 'regard his name, not as a mere label, but as a distinct part of his personality' had in the modern cultivated German reached its ultimate limit. We are dealing, then, with a set of reserves increasing in intensity as time goes on and as a culture becomes more highly developed, and this can indicate nothing other than an increasing anxiety for the safety of that which the precautionary measures are intended to safeguard. We witness in this cultural instrument, in other words, an evolution in the reaction to the fear of castration.

Here we come upon what appears to be a paradox: if we are dealing here with a series of inner and outer fortifications all guarding the penis, why is it that in building up the outer fortifications, the innermost one has been abandoned to the enemy, so to speak? I refer to the fact that the name-taboo as such

no longer exists in modern Europe, that one has no longer any reluctance, except under certain easily understood circumstances, towards letting strangers know one's name. To say that it no longer exists is indeed saying too much. One thinks of innumerable small instances where one quite irrationally conceals one's name, or feels hesitancy about asking the name of another. Vestiges of the taboo are indeed to be found in modern life, but the taboo cannot be said to have the vitality found in the taboo against the familiar personal pronoun. It seems that while our analogy of a series of fortifications was useful in indicating the development of the taboo it does not truly represent the facts as they are. We are not dealing with a system of fortifications all existing simultaneously, but with a series of displacements in which the displacement from *Du* to the various courtly forms was the second.⁶

In solving this paradox we may have recourse to another factor. When I said that in the modern world the name-taboo had lost the major part of its vitality, I was referring to the use of the whole name, of which the last name in modern usage is always the family name and represents a group name or community name of the type which, even among primitive peoples, never was subject to the strong taboos clustering about the personal name. When we consider our attitude towards the employment of the first or personal name alone we at once see that we are not nearly so far removed from the primitive name-taboo as we at first believed. When we consider the question, innumerable pertinent instances come to mind. One easily recalls the individual who uses one's first name immediately upon being introduced and one's reaction to this, either of distaste at too great familiarity and invasion of privacy, or a pleasant feeling of immediate closeness and intimacy. Those

⁶ Frazer, *loc. cit.*, points out the custom in primitive races, where the name-taboo is still vital, of real names and false names. Each individual has a real name which is taboo, and a false name which anyone may know and use. *Du* might be a further development of this custom and might be regarded as a false name which everyone had in common. This communalizing of the false name is then the second in the series of displacements, and then the displacement from *Du* to the various courtly forms would be the third.

who are inclined to be formal about the use of first names can easily remember the shy hesitancies and curious feelings of adventurous trepidation upon first daring to use the first name of a person with whom their relationship has developed from a mere formal acquaintance to a deeper and more meaningful friendship.

Two instances from work with schizophrenics⁷ suggest a basis of distinguishing two types of individuals with reference to this problem. One patient, a man of about twenty, at once wanted me to call him Jim, rather than the formal Mr. So-and-so, and asked to know my first name so that he might address me thus. He did not want to use the more formal title and last name. This patient showed in various ways great readiness and urge towards physical contact: he constantly shook hands; he engaged, as I lit a cigarette for him, in all sorts of manipulations of my fingers which had all the appearance of having, after the manner of a fraternity grip, a special significance for him. He unbuttoned his trousers and exhibited his penis, pulling back the foreskin. He explained this behavior by a desire to know whether I advised him to be circumcised. As he repeated this on numerous occasions, it became clear that a desire for contact underlay his behavior. This man's behavior with others was much the same as with me, kissing and embracing of fellow-patients and attendants occurring with great readiness from the very beginning of his residence in the hospital.

In contrast to this patient is another of about the same age whose reserve with regard to the use of first names was striking. Patients and attendants with whom he had been in intimate daily contact for months were still addressed and referred to as Mr. So-and-so. We had been acquainted for a year and a half, and his sole way of addressing me was still 'Dr. Silverberg'. During an analytic hour he gave voice to the feeling that he did not like to call me 'Dr. Silverberg', as this was what any stranger might call me, and he felt closer to me than that. On my asking him whether he would prefer using my first name

⁷ This material is from two patients seen at the Sheppard & Enoch Pratt Hospital, Towson, Maryland.

he became a little panicky and said, 'Oh, no! That would be too intimate'. He then explained that he would like to call me 'Father' or 'Mother', as these names are used in Roman Catholic circles, thus expressing both closeness and yet a degree of distance, as is indicated in the veneration yet familial closeness which these appellations imply. On the physical side this patient showed corresponding reserve. He tended, except in agitated periods, to avoid physical contact, and any physical contact had a greatly exaggerated significance for him. For instance, he attached a consciously sexual meaning to a handshake and said that he experienced definite sexual excitation in the performance of this conventional rite. Upon one occasion, when he was in an excited episode, it became necessary for his attendant to restrain him forcibly. This he did by holding him from behind until assistance arrived. The patient stated that he could feel the attendant's testicles pressing against his buttocks and for a long time felt fairly certain that the attendant had made a sexual attack on him. I cite these cases as an indication of a definite correlation between the attitude towards the personal name-taboo and the attitude towards physical contact.

The subject of nicknames is interesting and very complex. It seems to me, however, to contribute little new to this study save, perhaps, for those instances in which the nickname applies, as it not infrequently does, to sexual attributes or behavior. For the rest, we meet situations in which the individual prefers his nickname to his more formal personal name; we meet situations where the reverse is true; we meet situations in which the individual does not object to its use by others, and so on. All we need to understand here is that the nickname may sometimes displace the given name in the operation of the taboo.

There is another sphere in which much that we have already said concerning the name-taboo applies, and which may offer important confirmatory material of our main thesis: the naming of parts of the body. There are many curious cultural and individual taboos with respect to this. In England it is

today considered inelegant to mention the word 'stomach', and all sorts of locutions have been invented to obviate the necessary use of the word. It is a little ridiculous to Americans to hear dignified gentlemen and elderly dowagers refer to their 'tummies', or to listen to their protestations that they dare not eat this or that because 'little Mary' has not been behaving well lately. Indeed the taboo has infiltrated to some extent to the lower classes where the expression 'bread-basket' is in common use and to our ears is a more glaring vulgarity than the, to us, innocent word 'stomach'. For Victorian England, as well as for urban America of the same period, the legs had disappeared in favor of the more elegant 'limbs'.

The taboo applies with even greater force to the names given to the sexual organs, and we prefer the relatively devitalized Latin terms, *penis* and *vagina*, to the more vivid Anglo-Saxon names which, because of the taboo, I do not mention here. In addition to these general terms there are numerous and interesting names which individuals often give, usually in secret, to their own genital parts. One might cite the well-known instance from Boccaccio's *Decameron* in which the devil is put into hell. The fact that the protagonists of this story are a monk and a convent novice gives the terms a special significance. It may be complained here that I am confusing the issue by introducing under the guise of names, terms which have only an allegorical and symbolic significance. But it is the very point of my whole thesis that names in general, and with them certain vicarious names or pronouns in particular, have just such symbolic significance; and it is just this which has given rise to the various taboos that surround their use. It is an interesting and very significant fact that the genital parts are the only parts of the body which commonly receive these secret names or nicknames. This fact, I think, confirms with great clarity the thesis that the personal name and with it its various substitutes are symbols of that essence or nucleus of the personality whose physiological counterpart, in the male, is the penis.

It will be of some value at this point to investigate the origin of the language custom we are studying. The earlier stages

of the development are not, so far as I know, available to historical research. With regard to some of the later changes we know that they originated in royal courts. Thus the change from the third person singular to the form employing the third person plural was begun in German courts at the close of the seventeenth century. The precise origin of this change is difficult to discover, and indeed, the history of all these changes has proved quite elusive. Sperber⁸ states, however, that this particular change occurred in the last decade of the seventeenth century and in the following manner. At this period the mode of formal address of royal or noble personages by their inferiors was *Euer Gnaden*. It will be noted that this is a plural form, translated into English, *your Graces*. *Your Graces*, although used in addressing one person, would of course take a plural verb form, and from this was derived the use of the personal pronoun of the third person plural, *Sie*, to denote respect towards the person addressed.⁹

Thus the use of the indirect form, *Sie sind*, meaning 'you are', originated in practices of court etiquette. This being the case, let us assume the possibility, not at all unreasonable, that all of these changes occurred primarily under the influence of court usage. Does this have any bearing on our problem?

It is readily conceded that the position of the non-constitutional or absolute monarch is one of great personal responsibility. Since the absolute monarch assumes the right to full control, he is apt to be regarded as culpable when anything goes radically wrong, such as when a war is lost, a famine occurs, or an oppressive tax is levied. Indeed, there is a certain superstitious belief in this feeling deriving from the cultural period (indicated by Frazer in *The Golden Bough*) when the functions of ruler and priest are combined. The ruler-priest is expected to produce abundant rain and fertility,

⁸ Sperber, Hans: *Geschichte der deutschen Sprache*. Berlin & Leipzig: W. de Gruyter & Co., 1926.

⁹ In addressing a royal personage by means of a plural form, it may be implied that the royal *couple* (husband and wife) is being addressed whenever either one is spoken to. It is to be noted also that *Euer* may be regarded as the plural of the familiar *Du* or else as the mediæval formal singular.

and hence prosperity, by means of his priestly control over elemental forces. Prolonged failure in this function is apt to result in his deposition or his assassination. If we recall from our own brief history what happens at an election to presidents who fail to produce the desired prosperity, we may judge how really far removed from this primitive cultural state we are.

While this tendency to hand over to the ruler the full responsibility for their material welfare may be very comfortable for the people, as it often saves them the trouble of thinking for themselves, this responsibility, with the dire results it may bring, is far from comfortable for the one who bears it alone. It becomes particularly uncomfortable as in the course of history some knowledge of economics and the general causes of prosperity is acquired by the few, including perhaps the sovereign and some of his court, although the submerged many continue to maintain their comforting superstitions as to the supernatural control exercised by the monarch. The enlightened sovereign is in a position to know that he has little direct control over the causes of prosperity and of the general welfare of his people, and yet he is uneasily aware that they hold him responsible for these things.¹⁰ When things are going badly he cannot escape a certain feeling of guilt towards his people who believe in him so trustingly, and even if he is sufficiently enlightened to regard them as fools for doing so he cannot avoid the uncomfortable awareness that fools or not they will hold him guilty. It is natural in these circumstances that he should have some wish to withdraw from the too brilliant spotlight of solitary sovereignty into the comparative shadow of a more obscure impersonality. Thus in the Middle Ages, while the sovereign was still willing to be called 'you', he preferred being called 'you' in a plural sense, corresponding to the 'we' which had now become responsible for his acts. Later on even the plural 'you' gave to the sovereign too direct

¹⁰ He also derives personal advantages from his position of absolute control and is therefore willing to have his subjects believe in his importance to their welfare; in fact, he is apt to encourage such belief—at least so long as things are going reasonably well.

a responsibility, and he preferred being known as a third person, psychologically not himself. True, he was now willing that *a single person* should bear the responsibility, but by this new convention it was not himself. Finally it became too uncomfortable that any *one* person should bear this responsibility, even though by the tacit agreement of the language convention, it was some person other than the monarch. So the convention was stretched to its uttermost limits, and the form of address forced one to suppose that in speaking to the sovereign he was addressing two or more individuals, perhaps a large group, no one of whom was the monarch.¹¹

This leads to the problem of determining why this language custom which seems to have originated at royal courts became so universally adopted by the group as a whole. I might here remark parenthetically that these changes have never been universally adopted. Germans of the very lowest classes still address each other as '*Du*' and would think it odd to be addressed as anything else. The use of '*Sie*' they regard as so much folderol and as a foible of their betters. But with this exception, are we to regard the general adoption of this custom as mere imitation of court formality and etiquette, or was there some deeper reason for this?

In elucidating this point I shall have recourse to Freud's concept of the *Urhorde*¹² or primal horde. With complete awareness of the historical dubiousness of this idea, one must recognize that the concept has a certain paradigmatic value and a certain psychological accuracy, even though such a group may never have existed in history. Supposing then that the

¹¹ I should like to point out in passing that the motive of the sharing of guilt seems to be a very important one in many forms of socialized activity. Hanns Sachs, in a brilliant study of some of the mechanisms of literary creation (*Gemeinsame Tagträume*, Vienna: Int. Psa. Verlag, 1924), recognizes this sharing of guilt as one of the chief reasons for the interest of the creative writer, who might otherwise be merely a daydreamer, in actually writing down his fancies and having them become the common property of the group.

¹² Freud: *Totem und Tabu*. Leipzig: Hugo Heller & Co., 1913; *Massenpsychologie und Ich-Analyse*, Vienna: Int. Psa. Verlag, 1921. (Freud notes in both these works that the concept of an *Urhorde* originated with Darwin.)

Urhorde is in this sense the prototype of every patriarchal group,¹³ we may regard the ready acceptance of this language custom throughout society as a kind of social contract, an agreement not to excite the castration anxiety of one's fellows in return for receiving similar treatment from them. This is reminiscent of Freud's hypothesis that social laws and restrictions arise as agreements among the sons after they have killed the powerful father, in the effort to prevent the recurrence of a situation in which one will be more powerful than all the rest. The sons had all to be bound by these agreements and to give up certain rights of their own in order that the rights of the brothers might be respected. One of the brothers had to be chosen as a ruler to administer these contracts, and since he, in a sense, was now a substitute for the father of the *Urhorde*, although a weakened and restricted replica of this powerful figure, he was himself in danger of suffering the same fate as the father. It may indeed be supposed that he did in many instances suffer this fate, and that it thus became necessary to offer special protections to the ruler in order to induce anyone to accept the dubious honor. The name-taboo and its derivative personal pronoun-taboo may be regarded as one of these special protections.

The change in the form of address which occurred after the revolutions of 1848 affords us some support for this point of view. This revolutionary movement was widespread throughout central Europe as well as in France where it ushered in the Second Republic, and it is generally regarded as the counter-reaction to the strong despotic reaction which set in at the close of the revolutionary era of the end of the eighteenth and beginning of the nineteenth centuries.

In Austria, Metternich who had despotically controlled the destinies of Europe since the final fall of Napoleon in 1815 was compelled to flee to England for refuge. Many of the

¹³ Western culture as it now exists is so uniformly patterned upon a patriarchal configuration that we need not here be concerned with the theory of the matriarchal origins of society put forward by Robert Briffault and other cultural anthropologists. (Cf. Bousfield, Paul: *Freud's Complex of the Over-estimation of the Male*. *Psa. Rev.*, XII, 1925, p. 127.)

petty German rulers were forced to grant constitutions to their people, and in Prussia, King Frederick William IV went so far as actually to dress himself in the revolutionary colors and appointed the ministers of his government from the middle classes. The change in the form of address which brought everyone up to the level of the monarch or vice versa, appears in the light of what we have said as a sort of protective coloration. It was a period when strong father figures were especially in peril, and they were rather eager to emphasize the fact that they were not fathers but *brothers* of their people.

The change in the form of address had this effect. 'Observe', the monarch might have said, 'you think I am a harsh father and want to kill me. But I am not your father, I am your brother. Do I not show the same respect in addressing you as you do in addressing me? If, when you think of me and talk to me, you think of me and address me as *they*, does not this change whereby I now address you as *they*, prove that you are also that same *they*, and therefore have equal responsibility with me for the conditions of which you complain?'

We may regard this as one of the protective measures taken by the menaced sovereigns of Germany, but we must not overlook the likelihood that there was also a strong urge from below upwards towards the same goal based upon the desires of the sons to enjoy the same privileges as the father.¹⁴

¹⁴ I wish here to call attention to the fact that the struggle of sons and father in the *Urhorde* was not primarily a struggle of conflicting claims for narcissistic gratification, and that it had the more specific aim of wresting from the father his sexual sovereignty over the mother and other women of the group. Although we have related the name- and personal pronoun-taboo to the period in the life of the *Urhorde* after the father has been murdered, the reconstructive period, as it were, we cannot escape the suspicion that these taboos have some relation to an underlying incest-taboo. Otto Rank (*Das Inzest-Motiv in Dichtung und Sage*, Vienna: Franz Deuticke, 1926) has indicated that the given name is psychologically connected with the question of individual origin, hence with the sexuality of the parents. The precise connection remains, however, obscure. I have in this study not taken the incest-taboo into account for two reasons: first, because I lack clinical material which might clarify the relation of the incest-taboo to either the name-taboo or the *Du-Sie* problem. In the second place, theoretical considerations lead to confusion at the outset because the personal pronoun-taboo applies solely to strangers and *not* to the parents or

We still have one question to answer: why has the unconscious fear of castration tended to increase with the march of civilization, as the increasing stringency of the personal pronoun would indicate? This is a question that cannot be exhaustively dealt with in a study of this scope which is primarily a psychoanalytic treatment of a specific philological problem. We may merely suggest that the vast increase in population through the centuries, accompanied by increased ease in transportation and communication, by increase in useful inventions—in other words the general tendency towards capitalistic industrialism—has made life on the one hand more comfortable, but on the other has made the struggle for existence more desperate and more embittered. This increase in competition obviously augments the dangers which cause the individual to lose out in the struggle and hence augments his unconscious fear of castration. Also our fears in general have tended with time to become more concentrated. As culture and education have advanced certain things have lost their fearsome qualities, at least to our conscious minds. The fear of elemental forces, of thunderstorms and the like, practically universal to primitive man, has mainly disappeared from our culture and where it remains is regarded as unusual and, among the initiate, neurotic. We no longer in our cities at least fear the attacks of wild beasts; the attacks of wild men are mainly controlled by our police forces with few exceptions. God has become for many of us a philosophic concept, certainly not a being or a group of beings daily to be feared and daily to be propitiated. The diffuseness of the objects feared by primitive man has been greatly decreased but this does not mean that we no longer fear.

In any case, our study of this language custom has indicated an increasing feeling of the necessity to protect the personal nucleus, an increase in the unconscious castration fear as it

other members of the family. Whether the situation may have been reversed among primitive cultures I do not know, but within our own cultural system the custom does not appear to correspond to what we know about the incest-taboo.

appears in this particular phase of language. It is interesting on this basis to reflect that the primitive savage with his many and widespread fears of man, of beast and of God, led a life not any more beset with dreads and anxieties than does the modern product of our Western civilization. With the savage they were realized and reacted to appropriately. With us they are symptomatic and bring us to do odd things.

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SOCIETY AND THE INDIVIDUAL

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The aim of the author of the book¹ on which this paper is based is to study man's biological make-up and then to investigate what results when the disciplines and formative influences to which man is subjected are varied.² In man the fixed types of reactions are less numerous in proportion than in other mammals and therefore the variations of cultural conditioning have a decisive developmental influence. The author's aim is to observe what constellations are formed as the result of the impact of certain institutions on the instinctual drives. The author asks what effect institutions have on the individual and to what extent individuals affect institutions, and he gives the following scheme:

- '1. To describe the institution, which, for example, interferes with an impulse.
2. To describe the effects of this interference on the individual with respect to the:
 - a. changes in the perception of the impulse;
 - b. modifications this makes on the executive functions;
 - c. feelings to those who impose it;
 - d. unconscious constellations formed by this series of conditions;
 - e. relations of these unconscious constellations to the actual behavior of the individual;
 - f. relation between those constellations to *new* institutions (or neurosis)' [pp. 20-21].³

Attitudes of dependency based on the original helplessness of the child explain the reactions to discipline. As Ferenczi

¹ Kardiner, A: *The Individual and His Society. The Psychodynamics of Primitive Social Organization*. With a foreword and two ethnological reports by Ralph Linton. New York: Columbia University Press, 1939.

² A summary, kindly sent to me by Dr. Kardiner, has been used in writing the first three pages of this paper.

³ Page numbers in brackets refer to Dr. Kardiner's book.

has shown, the infant is not aware of its dependency but believes in its own magical omnipotence. Human beings regress to this phase of magical omnipotence whenever they are frustrated by reality. In childhood they project this magical omnipotence to their parents. In our culture, anal discipline exercised by adults interferes with the infant's magical omnipotence and the author suggests that the sado-masochistic imagery associated with anality may be derived from this source.⁴

The author rightly emphasizes that in our society, economic values are really a mixture of subsistence needs and prestige needs, a truth I shall elaborate on the same basis to show that we can do neither without the libido theory nor without other basic conceptions of psychoanalysis (superego) in any attempt to understand human beings. No one will deny that if we find the 'fear of being eaten up' very prominent in the folklore of a certain society we must assume that this prominence is conditioned by specific frustration and not by arrested development in the oral stage of development. Defense against anxiety is the basis of institutions and these defenses are elaborated in certain security systems [pp. 90-91]. If a society is subjected to anxiety from the threat of starvation, the defenses employed may be rational or irrational. The latter defenses may be for example to beg some supernatural power to supply what is needed; or from a hypochondrial fear of disintegration (unconscious), efforts magically to secure survival of the body by, for instance, reduplication of the ego, multiple names, embalming, etc.⁵ Folklore and myth reflect the pressure of institutions and changes in society.⁶

After discussing Zuni, Kwakiutl, Chukchee and Eskimo societies the author evolves a concept of *basic personality struc-*

⁴ It is very easy to refute this with data obtained from the study of Australian aborigines.

⁵ Here again I call to attention that these mechanisms of *reparation* (Melanie Klein) are active also in cases where there is no starvation in adult life but reactions of oral frustration having their inception in infancy even without any demonstrable *specific* oral frustration. These may of course be emphasized by experience.

⁶ But not *only* such changes.

ture. The problem of adaptation to external realities and to human relationships is different in each culture. In one society the main problem may be the control of certain impulses; in another this control may not be necessary. One society may be despotic another coöperative. Religion reflects infantile disciplines. If one has severe parents one believes in severe gods. Where a society guarantees rewards for the control of impulses, the superego maintains its tenacity; where these rewards fail, some form of aggression is to be expected. This basic personality structure created by the formative or primary institutions is what makes a Zuni a different person from a Marquesan. In addition there are individual differences expressed in the character of each person. This basic personality structure is created by primary institutions. Other institutions, called secondary by the author, are the results of the basic personality structure. The basic personality structure is what is usually described as national character.⁷

In Marquesan culture there is an unusual combination of scarcity of food and scarcity of women. The constellations in the basic personality produced by this combination are: anxiety expressed as fear of being eaten up by women; sexual dissatisfaction (in men); unconscious hatred of women; and a feeling of security among men. 'Secondary' constellations are: hostile representation of women, male solidarity, taboos against women, homosexuality, etc.⁸ In Tanala society, having institutions like our own, one finds paternal authority, anal training, sexual aim and object taboos and a typical œdipus complex.

Kardiner's book is an attempt to base psychoanalysis on sociology. I do not know whether the author agrees with this statement but he himself states that he may be overemphasizing the sociological side of the problem [p. 408]. As an anthropologist, I believe the great merit of the book lies in the effect it

⁷ Cf. Róheim, Géza: *Psychoanalysis of Primitive Cultural Types*. Chapt. IX. Super-Ego and Group-Ideal. *Int. J. Ps.*, XIII, 1932, p. 175.

⁸ Kardiner apparently does not observe that he deduces basic personality structure from institutions and then explains these on basis of the basic personality structure.

will undoubtedly have in stimulating anthropological field work and especially an inquiry into those anthropological problems that interest the psychoanalyst.

Professor Linton in a foreword to the book summarizes Kardiner's views as follows:

'Basing his conclusions on the results of clinical psychoanalyses of individuals reared in our own culture, plus the evidence afforded by the other cultures studied, the author establishes a *dialectic* between basic personality structure and institutions. This dialectic operates through the medium of the individual. The institutions with which the individual is in contact during his formative period produce in him a type of conditioning which eventually creates a certain type of personality. Conversely, this personality type, once established, determines the reactions of the individual to other established institutions with which he comes into contact and to innovations. Changes in certain institutions thus result in changes in basic personality structure, while such basic personality changes, in turn lead to the modification or reinterpretation of existing institutions' [p. VII]. In a later chapter, Kardiner adds: 'Incest taboos, basic disciplines, techniques of magic and methods of invoking aid from a god are the same for all individuals in a society. It is these institutions which make the cultural orbit' [p. 87].

Does the cultural orbit, or do the primary institutions form a certain type of individual? What type? Kardiner not knowing the individuals in question believes that he can reconstruct their basic personality structure from their myths and beliefs and some of their customs. In fine, one set of institutions creates the individual and the individual in his turn creates another set, the 'secondary institutions'.

I had a curious reaction when I first pondered this theory. I felt rather like the proverbial absent-minded professor who does not recognize his own child when by chance he meets him. Gradually I began to find certain lineaments that seemed familiar.

In a monograph called *The Riddle of the Sphinx*,⁹ I described what I called the ontogenetic theory of culture:

'With the discovery that certain peoples have certain habits in their treatment of their children that produce traumata analogous to those discovered in analysis, we have a new method of explaining the characteristic features of their sociology. We are provided with a *vera causa*, for the manner in which such infantile traumata influence the superego and the character is well known from clinical analysis. If we observe that certain traumata have become habitual, that the mother often lies on her child or the father often takes the child's genitals in his mouth, if moreover we notice a certain uniformity among the members of a group that displays such a habit and that something like a group character or a group ideal exists among them, we are naturally inclined to correlate these facts and to deduce the peculiarities of a people from the experiences of infancy.'¹⁰

Although I recognize and acknowledge my own brain child in Kardiner's new sociological psychology, there are however, important differences both from my point of view as psychoanalyst and from the way in which in anthropology we deal with the data of anthropology. Kardiner deviates from Freud so far that for a psychoanalyst used to thinking in freudian terminology, it is not always easy to understand him. The number of theoretical innovations is indeed so great that very little is left of the original structure. In a few sentences the very corner stones of the psychoanalytic structure disappear and we have Fromm¹¹ instead of Freud. The most important function of the family is that it becomes the instrument for forging the socially acceptable character. The father is not the prototype (*Vorbild*) of social authority but its replica (*Abbild*) [pp. 55-65].

'It is not the magic eye of the leader who holds the group

⁹ Róheim, Géza: *The Riddle of the Sphinx*. London: Hogarth Press, 1934, p. 169.

¹⁰ This theory has been called the theory of *plot in culture* by Margaret Mead.

¹¹ Fromm, Erich: *Autorität und Familie*. Paris: Librairie Felix Alcan, 1936.

in place by virtue of their passive sexual love to him, but rather by virtue of his authority. This is Fromm's modification' [p. 67]. This is not fair to Freud. What Freud actually said is that the power of the father has an emotional basis, that it is based on a complicated interrelation of aggressions, compensations for these aggressions, displacement of libido from the mother to the father, and identifications.¹² Fromm declares that paternal authority—whatever the constituent elements of the concept, *authority*, may be—is derived from society. I believe not only that it would be difficult to prove this but I can definitely prove the opposite. However before we discuss details we must understand that Kardiner's book is based on a psychology that has nothing to do with psychoanalytic psychology. It is quite true that in psychoanalysis we have learned to evaluate the importance of the ego and of defense mechanisms but I do not think the author is justified in claiming that his book continues a trend in psychoanalysis which began in *The Problem of Anxiety*¹³ and continued in *The Ego and the Mechanisms of Defence*.¹⁴ A psychoanalytic ego psychology must be based on the concept of conflict between id, ego and superego. In Kardiner's scheme this conflict is eliminated. It is replaced by the conflict between the individual and society. Closely connected with this is the author's partiality to Marxian philosophy. When he remarks for instance that Freud's methods have been severely criticized by the *analysts* Fromm and Reich [p. 384] the text should read: 'By the *Marxists* Fromm and Reich.'¹⁵

Kardiner storms a great many open doors. He refutes analytic thinking not as it exists today, but as it might have

¹² Cf. Freud: *Totem und Tabu*. Ges. Schr., X, p. 178. *Massenpsychologie und Ich-Analyse*. Ges. Schr., VI, pp. 327, 348.

¹³ Freud: *The Problem of Anxiety*. New York: W. W. Norton & Co., Inc., 1936.

¹⁴ Freud, Anna: *The Ego and the Mechanisms of Defence*. London: Hogarth Press, 1937.

¹⁵ Their objections are due to the fact that they are Marxists and they object to those aspects of psychoanalysis which can not be brought into harmony with Marxian views. Reich openly admits his political bias. (Reich, Wilhelm: *Der Einbruch der Sexual Moral*. 1932, pp. 10, 128.)

been formulated some decades ago. To give an instance: finding a 'constellation that may be characterized as a "fear of being eaten up",' one could 'describe this in terms of the libido theory as "a regression to the oral-sadistic phase of development"' [p. 89]. I would certainly not think of it in these terms, but with no further information would interpret it as a talion anxiety based on body destruction fantasies of the infant. Furthermore, in the Tanala and Betsileo cultures where the link between early anal training and a desire to hoard is explicit, the author argues only against anal erotism but ignores a more recent psychoanalytic formulation that *fæces* are retained or properly hoarded because the person is retaining the 'good internalized object' (M. Klein). 'Thus,' concludes Kardiner, 'one often sees in patients prolonged periods of constipation when the dominant emotion is an anxiety of losing support or protection' [p. 302]. The psychoanalyst would agree with him were he to add: because the external love objects are magically retained in their internalized equivalents (*fæces*).

Kardiner completely ignores the work of the British psychoanalysts. Their researches have shown quite clearly that the severity of the superego does not depend on the severity of authority, parental or otherwise, but that it is the inverted aspect of infantile aggression. The archaic superego therefore far from being 'the reflection of society in the infant', is most certainly just what Kardiner is arguing against: a 'compartment of the mind'.¹⁶ Nor can Kardiner find confirmation in Rado's riddance principle.¹⁷ In this scheme, the impulse to eliminate pain even through the sacrifice of a part of one's own body finds a psychological counterpart in attitudes towards mental pain (projection) and reparation fantasies: a *presocietal* root of aggression directed against oneself.

While there are many fundamentals with which an analyst finds himself in agreement, Kardiner is liable in his writing to

¹⁶ Rickman, J.: *The Development of the Psycho-Analytical Theory of the Psychoses*. Int. J. Psa., Supplement 3, 1928, p. 45.

¹⁷ Rado, Sándor: *Developments in the Psychoanalytic Conception and Treatment of the Neuroses*. This QUARTERLY, VIII, 1939, pp. 427-437.

switch off in directions that arouse vigorous protest from the reader.

If we take into account, he says, the protracted period of dependency of the child upon the parents 'for food, shelter and protection, there are a good many aspects of culture that become clear'. 'It follows that if certain institutions which we shall designate for the moment as primary, create pressures on the individual, the effects due to the pressures may be registered on certain secondary reactions by the individual which also become institutionalized' [p. 31].

A passage from Kardiner must be quoted because it is such an excellent refutation of Kardiner's own views:

'There is no question but that sexual cravings begin in the child during the period of greatest dependency. . . . The confusion in psychoanalytic literature about the significance of the œdipus complex has resulted from the failure to recognize that these sexual longings were mixed up with and were expressions of dependency cravings. The greater the dependency, the more prominent the œdipus complex' [p. 479].

Considering that dependency and the relatively premature development of the germ-plasm¹⁸ are universally human phenomena, this implies a universal and biologically predetermined œdipus complex not inherited philogenetically from the primal horde ancestors, but evolved of necessity in every individual owing to his fundamental dependency, retardation, or infantilism. 'It is only in an animal species with a prolonged infancy that there is a marked difference between infantile and adult life and it is therefore only here that we find conditions that may involve the formation of an œdipus complex and the repression of infantile memories.'¹⁹ 'If we regard human origin from this point of view [i.e. from that of prolonged infancy], it becomes possible to make the assumption that the primal horde really existed, without at the same time making it

¹⁸ Cf. Bolk, L.: *Das Problem der Menschwerdung*. Jena: G. Fischer, 1926.

¹⁹ Róheim, Géza: *The Riddle of the Sphinx*. *Loc. cit.*, p. 262. Cf. also, *The Evolution of Culture*, Int. J. Psa., XV, 1934, p. 405.

responsible for the human psyche in general. The œdipus complex is not a "survival" of the primal horde, but on the contrary the primal horde itself is to be regarded as an early form of social organization arising from the eternally human œdipus complex.' ²⁰

'In man, however, the period of oral dependence and the capacity to satisfy sexual desire are both retarded while the onset of the sexual desire itself has not been retarded at all. Hence, the child finds himself not only stirred by sexual desire long before he can satisfy it, but also at a period when he is still orally dependent upon his mother.' ²¹

When infants who are frustrated in sucking have an erection,²² this is neither due to 'social conditioning' nor does it imply the 'inadmissible hypothesis of inheritance of acquired character'.

Gesell describes the development of a golden eaglet: at seven weeks the mother shows him how to split the leg at joint preparatory to swallowing a rabbit; at eleven weeks, the first adult yelp in answer to the mother's yelp; at twelve weeks, after the first lesson in hunting prey it is buffeted by the parents and driven forcibly from home by them.²³ If this eaglet, like human beings, were never quite to outgrow its infancy, it would have an ambivalent attitude towards its parents, the precursor of an œdipus complex.

Kardiner finds the œdipus complex 'enigmatic' [p. 302]. 'Not the œdipus complex creates social organization, but vice versa' [p. 246]. 'Alter the social organization, and with it the specific disciplines attached, and we create a different ego structure; and hence, theoretically speaking, either no œdipus tale at all, or a version of the story which bears the imprint of the specific conditions prevailing in a culture' [p. 100].

²⁰ Róheim, Géza: *Primitive High Gods*. This QUARTERLY, 1934, p. 121.

²¹ Money-Kyrle, Roger: *Superstition and Society*. London: Hogarth Press, 1939, p. 117.

²² Halverson, H. M.: *Infant Sucking and Tensional Behaviour*. J. of Genetic Psychol., LII, 1938, p. 405. (I owe this reference to Dr. Saul Rosenzweig.)

²³ Gesell, A.: *Infancy and Human Growth*. Psychological Rev., XXXVI, 1929, p. 341.

According to Kardiner there are but two alternatives: one is his view that society creates the individual and hence also the œdipus complex; the other alternative is the hypothesis of Freud which assumes that such a constellation as the œdipus complex is a biological datum. 'The maintenance of this hypothesis is, in turn, contingent upon the untenable assumption of the inheritance of acquired characters,' says Kardiner [p. 134]. Nevertheless it is also he who tells us that the œdipus complex is the direct consequence of our prolonged infancy; therefore it is biologically determined but evolved ontogenetically in every individual and not phylogenetically inherited. We should have no œdipus complexes if our mothers never left us or if we were born adults.²⁴

All the ramifications of the question cannot be examined in detail but some comments I cannot refrain from making. In Marquesan culture, a woman can stop a war by naming a road after her genitals. Of this Kardiner writes: 'The explanation that this power of the woman to stop a war is due to the castration fear of the men is *out of context*.'²⁵ It is inadmissible in a culture where knowledge of the function of the sexual organ in both male and female is learned from earliest infancy, from observation and direct experience' [pp. 202-203].

Castration anxiety is not alone a consequence of the lack of 'knowledge of the function of the sexual organ'.²⁶ It can be derived:

1. From preœdipal body destruction fantasies.
 - a. The infant's oral aggression against the mother.
 - b. Fear of retaliation.
 - c. Special reference of this anxiety to the penis as an organ of penetration (M. Klein).
2. From the preœdipal situation characterized as dual unity (Hermann, Hoffman, Balint, Kertesz). The loss of the

²⁴ Cf. Myths on the origin of death in Róheim, Géza: *The Garden of Eden*. Psa. Rev., XXVII, 1940.

²⁵ My italics.

²⁶ Kardiner here follows Freud. Cf. Freud: *Drei Abhandlungen und der Untergang des œdipus Komplexes*. Ges. Schr., V, pp. 70, 425.

mother, even a temporary separation, is experienced as a loss of a part of a totality or castration.

3. From the œdipus, as talion punishment for incest.

4. Based on previous models of castration: the nipple (Starcke); fæces (Alexander); or in accordance with Rado's 'riddance principle'.

5. Biological factors such as, for example, those presented in Ferenczi's *Thalassa*.²⁷

Without arguing in favor of one or another of these points of view, the probability is that each of them contains a part of the truth. It certainly does not follow that without ignorance of the vagina there would be no castration complex. Somebody might object that this is just one dogmatic statement against another and does not help us very much. True, but I can prove my point anthropologically on lines which Kardiner will also accept. The children of the Central Australian desert go about naked and know all about the sexual organs.²⁸ It is true that rites with the castration symbolism are prominent in the mores at initiation. But the smaller children do not know what happens at these rites. The following I copy from my field notes on play analysis with Aranda children.

Depitarinja takes the lead amidst general laughter. He shoves the snake and the goat into the monkey's vagina.²⁹ They *injainama* (lick, smell) he says. I ask him whether that is what he does with the girls and he says, '*awa* (yes) it is *marendora* (very good)'. He likes, he says, to *injainama* the *mama* (*mama* means wound, and is children's language for the vagina). Then he pulls his hand right down the long snake and says '*pura itcha*' (no penis). The assertion is significant since it refers to a toy which, until now, has quite openly been used as a phallic symbol. It is quite evident that the use of the tongue instead of the penis, that is, cunnilingus

²⁷ Ferenczi, Sándor: *Thalassa: A Theory of Genitality*. Albany: The Psychoanalytic Quarterly, Inc., 1938.

²⁸ Róheim, Géza: *The Nescience of the Aranda*. Brit. J. of Med. Psychol., XVII, 1938, p. 343.

²⁹ The snake, goat and monkey are toys I gave them.

(*injainama*), the reference to the vagina as a wound, followed by the flat statement, 'no penis'—when taken together mean that he has castration anxiety because the vagina is a wound.

It does not matter from the point of view of this discussion whether or not one derive this castration anxiety from the 'basic disciplines'. It has certainly nothing to do with knowledge or lack of knowledge about the sexual organs. Moreover one wonders that Kardiner does not notice an obvious flaw in his argument at this point. When he declares that a specific interpretation should be ruled out 'because it is out of context' he is assuming just what he is trying to prove, viz., that no explanation can be applied universally to all forms of human society. Besides, without definition of what is 'in context' in a given group, each may declare out of context whatever is not in accord with his prejudice. In a society where the male shows an inability to 'trust, or to feel that the woman is devoted to him' [p. 215], where the sexual orgy is so arranged that most of the time is spent in arousing the woman with cunnilingus and other perversions [p. 228], where a man is sexually in a subordinate position to the woman, where warriors cut off the genitals of the women whom they capture [p. 178], one can hardly say that castration anxiety 'is out of context'.

Kardiner believes that the infant witnessing the primal scene does not react with anxiety. When such anxiety is observed in analysis it is due to later restraints imposed by society on sexuality. I believe that most analysts, beginning with Freud,³⁰ would flatly contradict this statement of Kardiner and say that their clinical experience did not bear out his view. Many years ago I published the case of a child of a year and a half whose anxiety dreams were due to the observation of the primal scene.³¹ Moreover Dr. Herrman had called my attention to an observation of Pfungst according to which the young ape reacts to the primal scene with anxiety just like a human infant.³² But even if one reject the explana-

³⁰ Freud: Ges. Schr., II, p. 501. Ges. Schr., VIII, p. 473.

³¹ Róheim, Géza: *Die Urzene im Traume*. Int. Ztschr. Ps., VI, 1920, p. 337.

³² Róheim, Géza: *Riddle of the Sphinx*. Loc. cit., p. 209.

tion that the sadistic 'interpretation' of the primal scene is due to aggression projected from the child to the parents or to defense against premature libidinization, it still does not follow that my interpretation is incorrect. In Central Australia children are forbidden two things: to witness parental coitus and to witness the ceremonies. When little boys make attempts at coitus with little girls in public older children separate them if they are observed. Group masturbation exists in certain situations but no one would ordinarily masturbate in the presence of a woman and the exchange of wives after a dance takes place in the privacy of the bush. However one may interpret the primal scene, it is an important latent element of demon beliefs and of ritual whether according to Kardiner's belief or mine; the fact itself is undeniable.³³ All these are details, though not unimportant ones.

Dr. Kardiner says that a human being in every society finds himself up against certain 'basic disciplines', a set of institutions, and reacting to these he becomes the originator of another group of collective phenomena. I would say that strictly speaking institutions are merely abstractions. What actually happens is that in a given society the individual finds people who behave in a certain way and he reacts to them in a certain way. When he reacts in a certain way (a belief, or myth) this should be explained ontogenetically. But should the behavior of the adult in dealing with the child be taken for granted? Let us shift the scene for a moment and study the individual when he or she has become a parent. If we say that this person performs certain rites because he was subjected to certain traumata or forms of discipline in his childhood then why not say that he behaves in a certain way towards his children because his parents behaved in a certain way towards him? Indeed this is a conclusion which can be demonstrated in every analysis. Such being the case, the dialectic antithesis of man versus his institutions is not valid, or only

³³ Cf. Primal Scene in index of Róheim, Géza: *Riddle of the Sphinx*, loc. cit.

relatively valid. Mother and child act and react to each other in infancy,³⁴ and in the same way the individual and society form one functional whole, a totality.³⁵ A human environment is not simply an external force [p. 17] and the question as to what its origin may be is not irrelevant.

The social environment to which the child has to adjust consists of other children like himself who now appear on the stage as adults. Some remarks of Gesell are very much to the point:

'The concept of growth *depolarizes* the two opposing tendencies of heredity and environment. . . . Growth is also a process of integrative organization, it thus becomes necessary to consider conjointly the factors which enter into the shaping of the individual.'³⁶ 'The child is not a creature of circumstance. He is part and parcel of the great stream of life. He is biologically father of the man. And the infant is father of the child. Adulthood is not added unto infancy, it inheres in infancy.'³⁷

Kardiner distorts or exaggerates the views he opposes and I therefore may be doing the same thing in representing his views. He says, for example: 'One viewpoint takes the position that man is phylogenetically endowed with certain drives or "instincts" which press for satisfaction through objects in the outer world. . . . The institutions of a culture, from this point of view, are adventitious excrescences consequent upon certain drives seeking for expression, and hence quite meaningless as influences on human nature' [p. 16]. To hold the view that institutions, that is, stabilized forms of human behavior, have no influence on human beings would be completely absurd; it is equivalent to the statement that one human being has no influence on another. No psychoanalyst can hold such a view. On the other hand it is equally impossible to deny that the origin of institutions is psychological and therefore ultimately

³⁴ Cf. Bálint, Alice: *Liebe zur Mutter und Mutterliebe*. Int. Ztschr. Psa., XXIV, 1939, p. 33.

³⁵ Cf. Róheim, Géza: *Riddle of the Sphinx*, loc. cit., pp. 170, 281.

³⁶ Gesell, A.: *Infancy and Human Growth*. Loc. cit., pp. 356. (My italics.)

³⁷ Gesell: *Ibid.*, p. 398.

biological. If institutions make man it is equally true that man makes his institutions, which is another way of saying that the institution is created by human drives. It is only when we study institutions in this light that we are studying them at all—that we are attempting to explain their origin.

According to Kardiner, myths and folklore always reflect the unconscious conflicts of the present generation as they are formed by the pressure brought to bear on them by existing social conditions. In sharp contrast to Freud, Reik, and myself, a myth represents not the dim past but the present. But why then in European folk tales do we find human sacrifice and cannibalism, magical weapons and other forms of magic, transmigration of the soul and other beliefs no longer held, and customs no longer practised by those who tell the story? Of course the reason why these stories are told is that they provide an abreaction for the emotions and a sublimation for the unconscious conflicts of the story teller and his audience; and we may presume that as these conflicts change, or if they change, the story will also slowly, very slowly, be modified. But survivals from the remote past do remain in the manifest content. Why are these records of the primal horde not unconscious inheritances but simply traditions? Why is it methodologically wrong to assume that a historical tradition of battles in the primal horde survives because of its functional value as a highly dramatized version of the ontogenetical oedipus conflict?

Utilizing the myth in discussing culture, Kardiner writes, 'We find here typical oedipus myths and rituals. Note how these are absent in Trobriand and Zuni cultures' [p. 117]. If we want to know what is an oedipus myth and what is not, if we want to understand a myth from the psychoanalytic point of view we must first analyze the myth. Kardiner sometimes interprets myths analytically but he certainly never analyzes them. It is the difference between interpreting dream symbolism and analyzing a dream on basis of free associations. In mythology the variants must be used in the same way as are

associations in dream analysis.³⁸ This is a tedious proceeding but if one really wishes to understand a myth, and especially if one wishes to establish anything as difficult to establish as negative evidence on the basis of myths, this is indispensable. Myths have a history; they are told and retold. The more variants that can be compared the more likely it is that the history and the latent content of the myth can be understood.

The absolute certainty with which Kardiner declares that there is no oedipus complex in the natives of the Trobriand Islands is truly astonishing. I wonder how he would explain their 'nescience' or procreation myths. The matrilinear fiction of the father as a stranger is carried to great lengths. They even deny the procreative rôle of the father. It is quite clear that they are denying something that they know and that it is not a case of simple ignorance. The natives know very well that a virgin cannot conceive and that spirit children enter *per vaginam*.³⁹ As they know the connection between sexual intercourse, the cessation of menstruation and pregnancy,⁴⁰ as they admit that the father is necessary to open up the way for the spirit to enter,⁴¹ and for other reasons which I have explained elsewhere,⁴² it is quite clear that they are repressing their knowledge of paternity. I conclude that the reason for this is an ambivalent attitude about paternity, in other words, the oedipus complex. How any psychoanalyst can assume the absence of the oedipus complex among the Trobrianders is a puzzle I cannot solve.

Malinowski writes: 'Again there is the need for a man to keep guard over her [the mother] during childbirth, and "to receive the child into his arms", as the natives put it. Later it is the duty of this man to share in all the tender cares bestowed

³⁸ Cf. Róheim, Géza: *Mondmythologie und Mondreligion*. Vienna: Int. Psa. Verlag, 1927, and *Imago*, XIII, 1927.

³⁹ Malinowski, Bronislaw: *The Sexual Life of Savages in North-Western Melanesia*. New York: Halcyon House, 1929, p. 181.

⁴⁰ Austen, L.: *Procreation Among the Trobriand Islanders*. Oceania, V, 103.

⁴¹ Rentoul, A. G.: *Psychological Paternity and the Trobrianders*. Man, XXXI, 1931, p. 162.

⁴² Róheim, Géza: *The Nescience of the Aranda*. Loc. cit., pp. 354, 355.

on the child. *Only when the child grows up does he relinquish the greater part of his authority and hand it over to his wife's brother. . . .*⁴³ Can a psychoanalyst seriously believe that until the child grows up it just waits and then in the prepuberty period suddenly develops an *avuncular complex*!

We are told that here we have a people with no *œdipus* myths.

Momovola has intercourse with his daughter, the girl commits suicide by inducing a shark to eat her up. Then he kills his wife by coitus, finally he cuts off his own penis and dies.⁴⁴

If this is not an *œdipus* story I don't know what is. Then consider the myth of the stingaree.

A woman has five sons and five clitorises. Every time the stingaree comes to have intercourse with her, he cuts off one clitoris and four sons who try to fight the monster, run away. Finally the youngest son rescues the last clitoris from destruction by cudgeling the stingaree to death.⁴⁵

Then we have the story of the two brothers and the chief's wife,⁴⁶ and finally the legend of Inuvajlau.

Inuvajlau was the head of his clan and had intercourse with the wives of his maternal nephews. His penis was very long; it assumed the shape of a snake or eel and entered the vulva of the woman under the water. He broke their water bottles so that the men had no water to drink (symbolic repetition of the same motive). His younger brothers and his maternal nephews ducked him in the pool. He was so ashamed of this that he sat on the platform in the center of the village, wailed aloud and cut off the point of his penis.⁴⁷ It turned to stone in the front of his house. He cut his genitalia off bit by bit; they all turned to stone. He left the place with his mother.

⁴³ Malinowski, B.: *The Sexual Life of Savages in North-Western Melanesia*. *Loc. cit.*, pp. 201-202. (My italics.)

⁴⁴ Malinowski, B.: *Ibid.*, pp. 411, 412.

⁴⁵ Malinowski, B.: *Ibid.*, pp. 405-407.

⁴⁶ Malinowski, B.: *Ibid.*, p. 404.

⁴⁷ The Trobriand Islanders with their uninhibited infantile sexuality cannot have a castration complex according to Dr. Kardiner.

When he was homesick he returned but first he induced his mother to offer herself to some of the Kitawa men who gave her shell ornaments with which he made his reentry into the village.⁴⁸

Can the uncle be a substitute for the father? Kardiner would dispose of this as a 'facile interpretation'; yet he himself interprets cannibal ogres as *father* substitutes. Why could not this apply to a cannibal ogre who is also an uncle? I have discussed this very group of myths in *The Riddle of the Sphinx*.⁴⁹ There is another Trobriand variant of the ogre as uncle.⁵⁰ In still another variant (among matrilinear people) parricide is part of the story.⁵¹ In the version from Normanby Island which I collected,⁵² the hero cohabits with his mother and has no penis and testicles.

This much is indisputable: there is a recognized way of dealing with mythological data and that is based on a *comparative study of the variants of a myth*. Among the Trobrianders we have the type of institutions that should not make for the development of an œdipus complex according to Kardiner's views.⁵³ But in this very society which is presented by him as a 'test case' to prove that the œdipus complex is socially conditioned and therefore absent in a matrilinear society—according to my very reliable Dobuan informant who spent years at Omarakana, Kabisia of Omarakana had intercourse with his mother and when his little brother found him doing it he tried to bury the child alive but the child climbed out, shouted and people came to rescue him.

From the point of view of an anthropologist there is objection to the author's method of handling anthropological evidence. His reliance on the possibility of ascertaining negative

⁴⁸ Malinowski, B.: *Loc. cit.*, p. 413, *et seq.*

⁴⁹ Róheim, Géza: *The Riddle of the Sphinx*. *Loc. cit.*, pp. 178, 189.

⁵⁰ Malinowski, B.: *Sex and Repression in Savage Society*. London: Kegan Paul, Trench, Trubner & Co., 1927, pp. 11, 112.

⁵¹ Cf. Keyser, Ch.: *Aus dem Leben der Kaileu Neuhauss*. Deutsch Neu Guinea III, 1911, pp. 92, 178, 180.

⁵² Cf. Róheim, Géza: *The Riddle of the Sphinx*. *Loc. cit.*, p. 182.

⁵³ 'Why, for example, is the œdipus complex absent in Marquesan and Trobriand culture, where no restrictions to the sexual aim exist?' [p. 481].

facts is truly remarkable. Everything must be expressed in terms of an institution and, for example, if there is no recorded ritual intended to make the rice grow, it is concluded that there is no anxiety about it [p. 398]. I could give the author some information based on actual field work that would shake his confidence in being able to testify to the absence of things even when personally in the field let alone when one is in New York.⁵⁴ Sometimes the author regards as remarkable something which is a familiar phenomenon in anthropology [Tanala prestige value, p. 299]. If a specific social institution is to be used as an explanation of the fear of ghosts [p. 301], then what about other societies and their ghosts? The description of Tanala and Marquesan cultures by Professor Linton is extremely interesting. While in the case of Tanala we have Linton's monograph to fall back on, in the case of the extremely abnormal Marquesan culture we should like to ask Linton for more details than this chapter supplies.

Notwithstanding all my criticism of Dr. Kardiner's theoretical points of view both in psychoanalysis and in anthropology, his explanation of the difference between Tanala and Betsileo cultures as due to the introduction of a wet rice instead of dry rice culture is certainly correct [p. 330]. The new form of rice culture is the end of the family as a farming unit and hence deprives the father of the capacity to reward submission. That an increase in anxiety must follow is clear, but my explanation is perhaps different from what Dr. Kardiner would accept: if the father ceases to be 'a good father' or 'maternal father' who can give things to his sons there is no libidinal cathexis to bind the aggression inherent in the situation. It is therefore not at all 'remarkable' that the 'stronger oedipus complex' should exist where the struggle for prestige, power, and property is keener.

I fully agree with the author when he says that it is a worthy task for psychoanalytic anthropology to investigate the effects

⁵⁴ I do not mean to say that the only kind of anthropological work is field work. Universals can be investigated without it but not differentials.

of society on the individual. But the only way to get reliable results in this task is to analyze a number of individuals in various forms of social organizations. Then we can do without these artificial distinctions between 'basic disciplines', 'basic personality structure' and 'secondary institutions'. Then we shall find out what is individual, what is typical of a group and what is typical of humanity as a whole as distinguished from the animal world. Ferenczi, whom the author so often quotes with approval, would have said that research should be *ultra-quantistic*, should investigate both how the individual forms society and how society forms the individual. When the author emphasizes so strongly the ontogenetical and environmental aspects he forgets one thing: the existence of a universally human form of social organization from which all other forms are differentiated in the life history of the individual and also in the life history of the race. All babies have mouths, and all mothers have nipples. All babies get hungry, are satisfied and happy, and all mothers must divide their love and attention between their offspring and their husbands; hence the 'mysterious *œdipus*'. And it is from the persistence of these elementary experiences of life, from our prolonged infancy, that we fashion the gods called 'society' and 'culture'.

According to Kardiner, society and the basic disciplines create a personality structure and that personality structure is reflected in secondary institutions. According to my interpretation the basic biological structure of man, his prolonged infancy, his relatively precocious libidinal development—these are the bases of society and the bases of the structure of his psyche and of the fundamental mechanisms. The structure of his psyche and these fundamental mechanisms condition culture and society whose variations can be explained both by the inherent variation tendency in these mechanisms and by the history and interaction of human groups. The framework so created conditions the individual. But even this conditioning is not one-sided. The individual adapts to institutions and also modifies them by the necessarily incomplete nature of his adaptation.

IN MEMORIAM

Gertrud Jacob

1893-1940

A great person, a sympathetic, resolute therapist endowed with keen psychological and psychiatric understanding, a sensitive and gifted artist, Gertrud Jacob's brilliant and intuitive mind was passionately set both for truth and beauty. Throughout life she searched inexorably and devotedly for scientific insight, and for artistic expression of what she sensed to be the truth about the human mind in its individual and social aspects.

Those who knew Gertrud Jacob but superficially could not surmise the depth and intensity of her intellectual and emotional life. She hid behind a screen of aloofness. Those who were not close to her admired her self-contained and independent personality and the workings of her brilliant mind. They were impressed by dignified reserve and pride charmingly mixed with disarming naïveté and friendliness.

Few knew of the blissful elation that she experienced upon gaining new scientific insight or upon finding an artistic expression for what she wanted to convey; or the sorrow when insight or expression eluded her. She was intense. Her ardent and uncompromising heart and mind burnt with indignation upon meeting with meanness or mendacity, were it in people or in causes. Hers was a great devotion to people and to causes that were dear to her.

She was born on January 16, 1893, at Kiel, Germany, the eldest of five daughters of a well-known German Jewish physician.

When she was twelve years old, her paintings were shown to an artist who advised her parents to have her study art. After graduating from high school with honor, she studied art in Kiel and Berlin with Burmeister and Corinth specializing in portraits.

After some time she felt that this was not the only way



Dr. Gertrud Jacob *pinxit*
Oil, 1927

MELANCHOLIA

for her to find and express her insight into the human mind, so she went into medicine with the intention from the beginning of becoming a psychiatrist.

She studied at the Medical Schools of Kiel, Berlin, and Göttingen, graduated in 1924 from the Medical School of the University of Kiel, and wrote in 1925 her doctorate thesis on *Changes in Kidney Tissue Following Experimental Infection*. Having served her internships in Kiel and Hamburg, she worked in the psychiatric and neurological hospitals of the Universities of Hamburg and Heidelberg. While there, she published a paper, *Analysis of a Senile*.

During these years she also painted most of her collection of portraits of psychotics in the psychiatric hospitals of Hamburg and Heidelberg. Another part of them was painted later, the last four in this country 1936-1939. Two portraits of schizophrenics were reproduced in the *Textbook on Schizophrenia* edited by Professor Wilmans of Heidelberg University, six were reproduced in the *American Magazine of Art* (August 1937) with psychological and psychiatric comments. One is here reproduced. The publication of ten other portraits is under way. She exhibited at the Little Gallery in Washington, D. C., in the autumn of 1938, and at the State Museum of New Mexico, Santa Fe, Christmas of the next year.

Four years after taking her degree she discovered psychoanalysis, one of the greatest experiences of her life, she frequently said. Her growing psychological insight was reflected in her portraits.

She then underwent training in analysis, did control work in Berlin and Hamburg, and attended the courses of the Berlin Psychoanalytic Institute. Later she went into private practice as a psychiatrist and psychoanalyst in Hamburg, Germany. Within a short period of time she succeeded in building up a fine practice and reputation. With the two other Hamburg psychoanalysts, she conducted seminars on psychoanalysis.

With clear prevision of impending political changes she left Germany some days before the election in 1933, and associated herself with a private psychiatric sanitarium in Alsace,

France where she taught psychoanalysis to the members of the staff.

Coming to the United States in 1935 she spent some months perfecting her knowledge of the language. She then took a position at Dr. Mitchell's private psychiatric sanitarium at Peoria, Illinois, as the first analyst on its staff.

In October 1935, Dr. Jacob joined the staff of the Menninger Clinic. Her work there unfortunately had to be terminated in February 1936, due to the relapse of a tubercular infection she had previously contracted while tube feeding a patient.

After her recovery in 1937 she worked at the Chestnut Lodge Sanitarium, Rockville, Maryland. In May 1938, she delivered a paper, Notes on a Manic Depressive, to the Washington-Baltimore Psychoanalytic Society, was elected a member of the Society, and in 1939 she was made a member of the training committee of the Washington-Baltimore Psychoanalytic Society.

In the summer of 1939 she went to Santa Fe to gain further strength in the climate of New Mexico. There again she built up a psychoanalytic practice and was planning to lecture on psychoanalysis.

In February 1940, she had another relapse which required surgical treatment in the course of which she died on April 15, 1940.

Her friends will ever feel her loss and cherish the memory of her refined and discriminating personality.

FRIEDA FROMM-REICHMANN

BOOK REVIEWS

PSYCHOLOGICAL ASPECTS OF WAR AND PEACE. By Robert Waelder. Geneva Studies, Volume X, No. 2. New York: Columbia University Press, 1939. 56 pp.

In this brochure Dr. Waelder deals with the problem of why men make war and what the likelihood is that they will in the not too remote future cease to do so.

After affirming that this problem is essentially a psychological one, he shows why it falls within the province of group rather than of individual psychology: individuals do not commonly resort to violence in situations analogous to those in which groups (nations, factions) do—conflict of interests, hatred, desire to pay off a past humiliation. An exceptionally clear exposition of Freud's contributions to group psychology and to the theory of the development of the individual conscience follows, with especial emphasis upon the relinquishing of conscience by the individual to the leader or to the group-ideal in mass situations.

Dr. Waelder concludes that men make war because most individuals are immature in the sense that they are glad to regress to a stage of development in which they may throw off the burden of responsibility for and vigilance over their own behavior. This is the nature of the mass situation, which he distinguishes very carefully from what he terms associations. By the latter he refers to groups in which the individual does not regress to the stage where he is externally rather than internally controlled, in other words, does not relinquish his conscience. He recognizes that even in mass situations the individual does not wholly relinquish his conscience but merely dissociates it from contact with the remainder of his personality—from instinctual forces, aggressiveness in particular. Thus the individual in a mass is subjected to a certain degree of moral conflict, depending upon the extent of this dissociation.

'Enduring peace might be assured if all national communities were communities free of the characteristics of psychological masses.' There might be enduring peace, in other words, if nations were associations rather than masses, groups whose actions would not differ from those of the individuals who compose them. 'No psychological law is violated when we entertain this possibility,

but', Dr. Waelder soberly remarks, 'it is far from the reality of the present'. The other possibility for enduring peace, peace with the mutual recognition of rights rather than peace by stalemate (mutual fear) or peace by surrender (of one group to another), lies in the formation of an international mass. However, existing mass formations constitute a rigid barrier to this. Under existing conditions, Dr. Waelder believes that peace by stalemate 'might eventually lead . . . to a more or less perpetual state of warlessness'.

Dr. Waelder's diagnosis and conclusions seem to this reviewer to have been arrived at by a happy combination of scientific insight and sober common sense. The author approaches his subject in a spirit of profound realism and is neither optimistic nor pessimistic about our future. He recognizes that mankind possesses the potentialities of enduring peace and hopes these will one day be realized, but he does not think this will occur soon, nor does he recommend a program for the millennium. He does suggest a variety of lines for further research and implies that deeper insight by mankind into itself will help to bring about a lasting peace.

The brochure is extremely well and clearly written. No clue is given as to whether it is translated or was written originally in English. In either case, we are indebted to Dr. Waelder for a highly readable, soberly sensible, scientifically valid contribution to a harassing—and much harassed—subject.

WILLIAM V. SILVERBERG (NEW YORK)

PERSONAL AGGRESSIVENESS AND WAR. By E. F. M. Durbin and John Bowlby. New York: Columbia University Press, 1939. 154 pp.

In this brief but very timely and arresting work the two authors highlight the most important aspects of what psychoanalysis can contribute to current political problems. They have not let themselves be deterred by any of the prevailing trends which in most studies of this type tend to influence the point of view; on the contrary, they have tried to examine the material at hand with the least possible bias. Their aim is to 'describe and analyze the general psychological forces lying behind the timeless and ubiquitous urge to fight and kill' and their conclusions are based upon a wealth of anthropological and psychoanalytical observations, both of their own and those of others.

The book is divided into two parts. In the first, Durbin discusses theories of war. In the second, Bowlby presents the psychological and anthropological source material.

Fighting, the authors state, is a universal form of human behavior. The theories now in mode which attribute the cause of war to 'capitalism' or 'nationalism' can contain at best only a part of the truth. These are relatively recent forms of political and economic organization while the simplest forms of war can be found in much earlier periods in the history of the human race.

Among the apes, as well as in primitive societies and among children, we find peaceful coöperation the cause of which we must assume to be the obvious advantages, both material and sexual, which its presence brings. The problem rather is why this peaceful coöperation is so frequently ruptured. One of the most common causes in both children and apes is fighting for the possession of desired objects, food, clothes, toys, females. Interesting observations on apes by Dr. Zuckermann demonstrate that these conflicts are often carried to such extremes that they end in the complete destruction of the objects of common desire, the aggression thus overflowing all reasonable bounds of selfishness.

Sexual rivalry and possessiveness are the most frequent causes of fighting. A marked characteristic of fighting among apes is that once it has broken out anywhere it spreads with great rapidity through the group; it becomes infectious without apparent justification.

Frustration, in any form, obviously leads to aggression. Moreover, in the material of anthropology and psychoanalysis at least three different mechanisms are found to be operative: animism, displacement and projection. 'The universal tendency to attribute all events to the deliberate activity of human or para-human will' plays a decisive rôle in primitive tribal wars. If natural catastrophes, bad harvests, etc., are attributed to evil spirits, this is a relatively felicitous solution; to exhort and placate the spirits all possible ceremonies and sacrifices are practised. But if in the same animistic attitude the disaster is attributed to malevolent neighbors, war and destruction of the enemy result. This animistic tendency, apparent among primitive peoples, plays in no lesser degree a decisive rôle in the struggles of civilized peoples and political parties but is more concealed and rationalized. All evil

is laid to some one group; the 'bankers', the 'Jews', the 'Russians', the 'Kulaks' are made the villains. And just as the primitive man is inclined to imagine evil spirits where his understanding of nature fails him, so the uncontrollable and in part incomprehensible fluctuations of world economy are conceived as natural catastrophes.

Thus in terms of his own society civilized man reacts much like the primitive man. This animistic way of thinking is inseparable from the development of aggressiveness. No less significant is the universal tendency to displace affects. The ambivalence of the child, originally directed toward the same object, is later often turned toward different objects as a way out of a conflict: e.g., love for the father, hatred for the teacher—blind faith in one's own party, equally blind hatred of the opposition. The function of displacement, as the authors point out, cannot be overemphasized, especially because adult aggression is normally carried out in group activity. The mechanism of the projection of one's own aggressive impulses upon the enemy turns the other man into the aggressor and makes possible the exercise of one's own aggression without feeling of guilt; the other country or the hated minority becomes 'the external symbol of internal wickedness'. We see here a dangerous form of the old religious symbol of the scapegoat.

Thus the causes of aggression in human beings are not essentially differentiated from those in any group of apes, infants or primitive tribes. They are merely transformed and rationalized, giving to the group aggressions, party conflicts, civil, religious and international wars, their destructive power and social justification.

The authors arrive at a pluralistic theory of war. War occurs because fighting is a fundamental tendency in human beings. '... nations can fight only because they are able to release the explosive stores of transformed aggression, but they do fight for any of a large number of reasons.' Economic forces doubtless play a significant part; the acquisitiveness of nations is 'the emergence at the group level, of primitive individual behavior, strengthened and justified by group approval'. But it would be a mistake to regard economic factors as the only causes of war.

It is obvious, for example, that defeat generates hatred and leads to internal or renewed external aggression.

If 'war is due to the expression in and through group life of the transformed aggressiveness of individuals', then the only way to prevent war, according to the authors, is to endeavor to diminish aggressiveness itself. One means of accomplishing this, they feel, would be the freer upbringing of children, allowing more freedom in the expression of aggressive impulses. Another means would be the organization of peoples into collective forms to check aggression. But such organization would have to be backed by force.

The book is extremely valuable for an understanding of the present, valuable also for the analysis of patients in whose life ideologies have played a decisive part and taken on the function of disguising infantile conflicts, aggression and feelings of guilt. The authors have the courage to be consistent in their thesis that not unknown, as it were, physical forces move society, but human beings and the forces at work within them. In this they follow Freud whose writings on the subject, for some reason, they do not quote. They stand here in contradistinction to numerous other psychoanalytic writers who under the influence of the overwhelming trends of the time, did not dare to make full use of their own instrument, their own science.

The effort of the authors to limit themselves to a relatively narrow field results in a presentation of the problem in an unusually concise and convincing form. A disadvantage of this limiting may be that the problem of aggressiveness appears in a somewhat too isolated light and not clearly enough in its relative place in the continuity of cultural development. There can be no doubt, as the authors show, that we still have as decisive mechanisms in the life of the group today primitive aggressiveness, the ambivalence conflict, reaction to frustration, animism and projection. The development of civilization consists just in the struggle to overcome, organize and control these phenomena. But the possibility of diminishing aggressiveness by means of a freer upbringing seems to me to be overestimated; we know how often just such a free upbringing leads to serious guilt feelings and displacement in ideological disguises. In the upbringing of the individual, sparing him

frustration alone cannot solve the problem; the development of the ego and the superego with its accompanying problem of identification seems to be the decisive element. The same is true for the question of group aggression and its control.

The social tensions within civilization, the restrictions which culture imposes upon the drives, will always produce aggression. The question of the traditions through which a people creates a kind of collective superego for itself, of the creation of ideals, of traditional leaders, all of which lead to characteristic national differences, seems to me to be of the greatest importance. For the more we see that driving forces inherent in human beings in conflict with themselves and their environment are the actual sources of war, the less can we expect decisively to alter these forces. The development of civilization consists in dealing with these forces. There are both good and bad solutions. There are ideologies whose actual content is aggression, which were only invented for the justification of aggressiveness; there are also ideologies whose actual content and purpose is the control and mastery of aggressiveness. (Here too, we know, the original aggression can break through.) Thus there is no doubt that the development of monotheistic religion and a universally valid moral category with their tendency to control aggression has led to a pacification of ever greater areas of the world—despite the fact of religious wars. In Germany, where for decades religion has exercised a constantly diminishing influence over the masses, the religionless masses, perhaps for the first time in history, have had to decide their own fate. The result has been a return to primitive forms of religion which may be traced in minutest detail.

The authors have perhaps mistakenly neglected the fact that in individuals the mechanisms of animism, projection, etc., as decisive as they actually are in life, nevertheless can be considered infantile vestiges and can more or less be controlled by adults. But under special circumstances, particularly frustration of any kind, this control will diminish and regressive tendencies will occur. The same may be said of peoples: particular frustrations, such as military defeat, want of any kind, loss of material and ideological (religious or political) security, result in regressive tendencies in which all mechanisms of experiencing assume a primi-

tive character. The superego becomes more infantile and longs for the 'leader'. Primitive mechanisms such as animism and projection become prominent. Aggression, under the sanction of the leader, is unbound and receives religious force. In the same connection it appears to me that the problem of anxiety and its place in the development of society is given too little attention in this work.

The authors clearly demonstrate how largely the sense of reality is influenced by the phenomenon of aggressiveness. The events of recent years provide excellent examples. The open, undisguised aggressiveness of National Socialism was perceived as a profound provocation and danger to the psychic structure of the human being of Western civilization who was struggling to overcome and sublimate his own aggressiveness. This resulted in a tendency not to recognize, to underestimate or to deny the aggression—an attitude which is a continuation of the individual's ambivalence conflict, resulting in a complete misconception of reality. This work is a valuable contribution to the true conception of reality.

HENRY LOWENFELD (NEW YORK)

NAVEN: A Survey of the Problems Suggested by a Composite Picture of the Culture of a New Guinea Tribe Drawn from Three Points of View. By Gregory Bateson, M.A. Cambridge, England: at the University Press, 1936. 286 pp.

This book attempts (so the dust cover informs us) to 'bring more rigorous methods of thought into the tangled sciences of sociology, social psychology, and cultural anthropology'; and perhaps it succeeds in doing so although despite the unquestionable value and importance of the book, I am not altogether sure of this.

The theme of the volume is the culture of the Iatmul, a head-hunting tribe of New Guinea—a culture which 'continually surprises us by the mass of structural detail which it has built up around certain contexts'. An example in particular is the *naven* ceremony, in which the performance by a *laua* (sister's child) of some standard cultural act (e.g., the killing of an enemy), especially at its first accomplishment in the life of the child, is celebrated by the latter's *wau* (mother's brother)—a ceremonial in which, as its most conspicuous feature, men dress as women ('the bedraggled transvesticism of the men') and women dress as men ('the proud

wearing of homicidal ornaments by the women'). Specifically, the *wau*, or maternal uncle, dresses himself in the most filthy of widow's weeds, is then referred to as *nyama* (mother), offers his buttocks to his *laua* if male (rubbing them down the latter's shin) or gives birth in pantomime to the *laua* if female, presents food to the *laua* and receives shell valuables in return, plays the female rôle in mimic copulation with his masculinely attired wife who also, like her husband, presents food to the hero of the *naven* and receives valuables in return. The father's sister, own sister and elder brother's wife all wear splendid male attire, step with the hero over the prostrate forms of the mother and mother's brother's wife; the latter snatches the feather head-dress (symbol of homicide) from the father's sister, who for her part attacks with her hands the genitals of the women whom she steps across but particularly those of the elder brother's wife, exclaiming as she does so, 'A vulval!', to which the latter replies, 'No! A penis!'. In one incident of the *naven* ceremony, the *wau*, in the mimic copulation in which he is dressed as a woman and his wife as a man, fixes in his anus an orange-colored fruit which he displays as he climbs the ladder of a house, the fruit representing an anal penis (the author calls it an anal clitoris), 'an anatomical feature frequently imagined by the Iatmul'.

The book is therefore an attempt to relate this ceremonial behavior 'not only to the structure and pragmatic functioning of Iatmul culture, but also to its emotional tone or ethos'. To this end the author presents and discusses *in extenso* a wealth of material of very great sociological and psychological interest, with special reference, for example, to such topics as the initiation rites practised by the Iatmul (the novices are called the 'wives' of the initiators and are made to handle the penes of the latter), the sexual ethos of the male (characterized by noisiness, violence, ostentatious display, particularly with women as audience; to which might be added the great exaggeration of the nose in Iatmul art, the regret that Iatmul women tend to have 'bad small noses', admiration for sexual initiative in women, contempt for the ethos of the female), and the sexual ethos of the female (characterized by realism and a 'jolly coöperative attitude').

To the psychoanalytical reader the value of the book will lie in its very able presentation of carefully observed anthropological

data, of the nature and fullness of which the foregoing gives only the most meager possible idea; but he will be profoundly dissatisfied with its attempts at interpretation, which will seem to him to fail to throw any but the feeblest light upon the psychodynamics (although this was of course only a small part of the author's purpose) of a very remarkable and curious primitive ritual, of which the meaning can hardly be called obvious.

H. A. B.

SELF-ANALYSIS MADE SIMPLE; A GUIDE TO CONTENTMENT. By Joseph Ralph. New York: The Dial Press, 1939. 249 pp.

The title of this book gives a promise that is overoptimistic. Even the experienced psychoanalyst undertaking the analysis of a 'normal' person would be guarded in his promises that the process is easy or that it will lead to contentment. The author of this book states that he is writing to interest the normal person and throughout the book affirms a belief that the method of self-analysis which he describes can be applied easily by the normal person to his own problems.

The book is written in an intimate, conversational style and attempts to explain in simple terminology the complicated mechanisms of the human mind. Characteristics of the unconscious are described accurately. Methods of investigating it by free associations, dream interpretation and analysis of symptomatic acts are described and illustrated by the author. In short, the book describes in nontechnical language some of the theories, methods and findings of psychoanalysis. The author develops a system by which an individual may apply these principles and hope to analyze himself without the aid of a psychoanalyst.

The fallacy, however, is that the author's method ignores the phenomenon of resistance. Individuals thoroughly conversant with psychoanalytic literature who have never been analyzed utilize much of their information to increase their resistances.

The author is apparently familiar with the writings of Freud and other psychoanalytic investigators and tries to interpret their teachings for the general public. Up to a point he does this accurately. However, he makes a number of statements which are not substantiated by clinical experience. For example: "The self-analytic method enables one to acquire greater mental and psychi-

cal strength and better temperamental adjustment by recognizing and treating exposed weaknesses. It is a method whereby the personality attains to greater strength by apprehending its own defects.' Psychoanalysis carried out by well trained workers has been successful in the treatment of neurotic patients and of 'normal' persons with some neurotic trends. So far, however, this method has not been used satisfactorily for self-analysis.

We are unable to discover in this book any new approach which would overcome the inherent difficulties of applying psychoanalysis to one's own problems without the aid of a person trained in this field of treatment.

RUTH LOVELAND (NEW YORK)

MENTAL HYGIENE. By William Henry Mikesell. New York: Prentice-Hall, Inc., 1939. 446 pp.

The author of this book is chairman of the Department of Psychology and Director of the Personnel Bureau of the Municipal University of Wichita. In his preface he states that the title was chosen 'because the discussion deals with practical normal mental health for the average man'. One gathers the impression that in the author's opinion the activities of the National Committee for Mental Hygiene may not extend into this field, as he says the aim of his discussion is 'in contrast to the drive for mental health for the abnormal individual, so ably launched by Clifford W. Beers'.

The book opens with a chapter on habit which would seem to follow closely the views of William James with all mental life, all human conduct 'habitualized'. In the second chapter, *The Breaking of Habit*, there is a clear but necessarily condensed discussion of the 'method of the conditioned reflex'. Dunlap's negative method is presented but not very convincingly. Two other methods are offered, the segmental and the attraction. These last are said to be particularly useful in combatting, for example, such unpleasant characteristics 'as carping criticism, pessimism and carelessness' and would seem to be dependent on a strengthening of ego control.

Before proceeding to the major topic of the book, suggestion, the author introduces one chapter on fatigue. This is a good survey of research carried on by various psychologists in the field of industry.

'A good part of this book deals with the explanation and power

of suggestion' and its use for 'self and other person control'. The subject is developed from an initial survey of 'five sources of human behavior or five levels of conduct'—impulse and instinct, reflex, habit, conscious thought and the subconscious. This last may permeate all the other levels. 'Much of discomforting behavior has its source where automatic functionings strike their injurious shafts into the conscious mind. Volumes could be written on the workings of the subconscious.' In spite of these statements, 'the conscious thought level' is given the greatest prominence in the explanation of suggestion and its application. 'Mental control can come mainly through suggestion, or right thinking.' The author makes frequent reference to the work of such psychiatrists as Paul Dubois. Chapter headings include Suggestion and Other Fields of Ideas; Suggestion-Fatigue; Suggestion and Success; Conditions of Suggestibility; Indirect Suggestion; and Will Power as a Fetish. Approximately the last two hundred pages deal with various conditions in which suggestion may be used as a remedy. In this portion of the book, one finds as topics—Lack of Confidence; Our Fears; Mind and Body, Mind and Digestion; Worry; Suggestion and Irritability; Relaxation; and Anger. The final chapters are discussions on The Psychology of Purpose and The Man in the Crowd.

The book is well written, endeavors to be consistently practical, and contains much material that should prove of interest to the lay reader. The psychiatrist and psychoanalyst will find it somewhat superficial with too much emphasis on surface symptoms and far too little on causes.

WILLIAM H. DUNN (NEW YORK)

THE CLINICAL TREATMENT OF THE PROBLEM CHILD. By Carl R. Rogers. Boston: Houghton Mifflin Co., 1939. 383 pp.

The child guidance approach to the study and treatment of the problem child is presented in this book in a sincere and methodical fashion. Those acquainted with child guidance clinic work will meet again the familiar set-up of the coöperative group of psychiatrists, psychologists, pediatricians and social workers—with the visiting teacher, counsellor and others supplementarily brought in. The contents of this book should be useful and interesting to the now large and inclusive group of orthopsychiatrists for whom it

was written. The absence of theoretical formulations, the abundance of case illustrations, the clarity with which ideas are presented and the bringing together of varied opinions and methods of diagnosis and treatment are not inconsiderable assets. The most useful contribution is the middle third of the book which is devoted to treatment methods which modify behavior through environmental manipulation. This section includes methods used to effect changes in parental attitudes. The discussion of the entire problem of child placement is especially good. Unfortunately the same praise cannot be extended to the first and third parts of the book on diagnosis and treatment.

The fact that the author is a psychologist would in itself tend to influence certain aspects of the presentation on diagnosis and treatment. But since the author is a psychologist who is openly critical of and prejudiced against psychiatric and psychoanalytic theory and practice, these sections contribute much less than they otherwise might. In the section on diagnosis the emphasis is on personality and attitude tests such as can be checked, proven and rated. The author presents in detail his own method of diagnosis called the 'component-factor method' in which factors in the child and in the environment are collected, studied and rated for analysis (called diagnosis) and treatment. The psychiatric interview seems to have little place as it is considered less reliable. Similarly psychiatric treatment by psychiatrists has very limited place. Those who are personally acquainted with child guidance clinic work must know that in the original clinics and in most clinics currently, the diagnosis was and is dependent on all the environmental and individual factors, as in Mr. Roger's work, but additionally it always took into account a psychiatric examination which was essential for the total and final diagnosis. The author's implication that the new trend in the diagnosis and treatment of problem children is toward a change in allocation of work among the coöperative workers with a minimization of the work of the psychiatrist must be a limited one. The pretty well defined division of therapeutic efforts of the earlier child guidance days certainly continues today. The psychiatrist is devoted to diagnostic psychiatric interviews and psychotherapy of the child or parent (if indicated); the social worker bears her share in case work with the parents or child; the psychologist contributes psychological exam-

inations and such treatment as retraining, etc., and the pediatrician treats physical abnormalities, usually glandular dysfunctions. One rightfully questions the wisdom of the new trend which regards each member of the working group as potentially equipped to do 'intensive psychotherapy' with children and parents, and 'the entire staff . . . as a group of therapists with functions determined by experience and aptitude rather than professional label'. As further evidence of this 'progress', it is stated that in some clinics experienced social workers train psychiatrists and also that other clinics utilize psychiatrists only for occasional consultation. And not only is all treatment regarded as psychotherapy, but the author refers to attitude therapy (an intensive case work procedure introduced by Dr. David M. Levy) as a treatment 'amounting to psychoanalysis'.

All this suggests an urgent need to clarify the functions of the coöperating professional persons and to differentiate the work of one from the other. The function of the psychiatrist to do psychotherapy or psychoanalysis is adequately clear but evidently the function of the case worker, clinical psychologist and others is not so uniformly clear. Social workers in more recent years have done much to clarify their function and methods, and certainly as a group they would not accept the author's tendency to endow them with the rights of psychotherapists whether in diagnosis or treatment. This may be equally true of psychologists but the reviewer knows less about their delineations of function in the field of orthopsychiatry and therefore cannot pass judgment on how completely Mr. Roger represents clinical psychologists. It is to be hoped that the trend suggested by the book is not only a limited one but definitely a transitional one, for infantile neuroses and their forerunners in the form of defined symptomatic behavior requires psychiatric skills for understanding (diagnosis) and in most cases for treatment.

LILLIAN MALCOVE (NEW YORK)

MENTAL DISORDERS IN URBAN AREAS. An Ecological Study of Schizophrenia and other Psychoses. By Robert E. L. Faris and H. Warren Dunham. Chicago: The University of Chicago Press, 1939. 264 pp.

This work is a fact finding effort in the borderline provinces between psychiatry and sociology. In essence the facts are few, but important. By statistical methods the authors plot the inci-

dence of psychoses relative to the distribution of population in a large city (Chicago). This distribution of population is studied in accordance with residence correlated against status, income, training, etc., in much the same way as it has been done with poverty, unemployment, juvenile delinquency, crime, suicide and other social phenomena capable of such classification.

The authors find that mental diseases decrease as one goes from the center of the city to its periphery. Paranoid schizophrenia is commonest in the rooming house districts, catatonia in the neighborhood of immigrant settlers; manic depressive psychosis is more common in areas with higher rentals, alcoholic psychoses in rooming house and immigrant areas; paresis in rooming house and negro communities and senile psychoses and arteriosclerosis in districts with the lowest percentage of home-owners.

The association of these psychoses with these different areas is a very significant finding. Its interpretation is much more difficult. For the greater part the authors are extremely cautious. The concentration of paranoid schizophrenia in rooming house districts suggests to the authors the explanation that communication is essential for normal mental development and that social isolation makes for mental breakdown. This is a typical 'explanation', and the facts as correlated can only terminate in the familiar hen and egg dilemma.

The facts the authors have uncovered will undoubtedly prove useful. Their interpretation as psycho-social phenomena will have to wait for a more accurate correlation between the conceptual systems used in sociology and psychiatry. The accurate interpretation of the significance of ecological distribution waits for—among other things—the study of the significance of social status in the adaptation of the individual.

A. KARDINER (NEW YORK)

THE CHILD AND HIS FAMILY. By Charlotte Buehler, Ph.D. New York and London: Harper & Brothers, 1939. 187 pp.

It is difficult to conceive that today, over thirty years after the publication of Freud's *Three Contributions to the Theory of Sex*, there can appear a book concerning the mutual relations of parents, child and siblings in which there is not one word of reference made to any dynamic emotional factors. Buehler explains

her approach when she states, ' . . . we are unable to accept the concepts and principles upon which their [psychoanalysts'] technique is based. . . . We must and we want to limit ourselves to a much simpler procedure to find the purposes and attitudes contained in the child's contacts. In the present study, therefore, we have concentrated on those which were overtly expressed; even these have never before been studied.' She warns her readers not to expect 'new revelations concerning the relation between the child and his family' since her purpose is only to show that 'it is possible to describe in quantitative terms the atmosphere and basic structure of family-life'. This she proposes to do through the recording of overt behavior, classifying and tabulating it in order then to be able to formulate generalizations.

It is evident that Buehler is attempting to apply the same method of study which she used so successfully in her book, *The First Year of Life*. She seems, however, completely unaware that that method, derived from the field of animal psychology, is inappropriate, actually inaccurate when applied to the study of a more mature human being. Whereas the impulses of the infant are transformed into observable activity, it is part of the definition of increasing maturity that reactions become controlled, modified, postponed, not to mention inhibited or repressed, so that overt behavior may not be accepted as an expression of the true purpose or attitude of the individual. That such a seasoned psychologist as Buehler can overlook such a self-evident fact is distressing, especially since one has learned to respect the integrity of her work even though disagreeing on concepts and theories.

The idea of sending observers into a number of middle-class families to become a part of the family life and to record all the little daily events—the difficulties the parents have in making the children mind, the arguments between the children, the manner in which they form a 'united front' against the criticism of the adult, the play for attention of one child and the willingness to submit to domination in another—is a brilliant idea. The courage to attempt to organize such heterogeneous material in a systematic and scientific manner commands respect. But what a useless squandering of time and energy when the observers are not trained to see or have 'blind spots' as regards the impulses underlying overt behavior, and when in the final analysis we have only a set of figures to 'prove' what we already knew.

The material resulting from such observations was reduced to a mathematically measurable form by analyzing defined units of contact: that is, the relation established between one person and another. Contacts were then classified according to the *situation* in which they were established, the *purpose* and *attitude* which they expressed, and the *means* by which they were established. These categories were then further subdivided and it was then possible to give a qualitative description of the family situation by determining the percentage of the occurrence of one type of contact as compared to that of another.

Here again Buehler has made a disturbing error in reasoning. Basing the influence on the children of the various members of the family on the number and kinds of contacts with them, she reasons that the father or an older brother, who is not in the home during the greater part of the day, is not of importance in the family structure. How can she forget that just because the moments with the father are rare they can be ever so much more important than those with the ever-present mother? The intensity of an experience may be commensurate with its frequency, but it may just as well not be.

Since many of the recorded events and conversations occurred in contact with the observer it is another outstanding error in methodology not to have evaluated the children's relation to her. In many instances of course, such a relation could be a reflection of the attitude of the child toward his mother, which Buehler has evidently considered, but it equally might represent an attempt to overcompensate for impulses of love or aggression which otherwise are blocked in their expression. This should have been interpreted if her results were to be really pertinent to family life.

The conclusions which finally emerge from the maze of statistics are interesting but in themselves insufficient to convince one that the author's methodology was indispensable. Briefly, she finds that families may be grouped according to five basic patterns:

1. *The child formed the center of family interest as a possession.* Affection for the child was the decisive motive in such families. Objective obligations and the adults' affairs and cares were kept far from the child.
2. *The child formed the center of family interest as an educational object.* The decisive motive was *responsibility* for the child. The child did not share the adults' worries and was not trained to recognize his objective obligations to the family, but his own moral and other obligations were kept constantly before him.

3. *The social unity of the family was of primary importance to the parents.* Not the child, but a *harmonious development* of family life was the center of interest. The child became the adults' social partner in conversation and social intercourse. But he had also to accept his share of duties to be performed for the good of the family.
4. *The household was the center of family interest.* The order of the house was the primary motive. As a result the child became neglected and the human side of social life lost importance.
5. *The struggle for existence was the center of family interest.* The adult world replaced completely that of the child. The guiding motive was the *economic welfare*, to which the child had to contribute by assisting in the work.

The ages of the six pair of siblings studied for sibling relations ranged from two years and nine months to twelve years and seven months. The contacts were classified according to whether or not the activities were simultaneous or successive, whether the attitude expressed was coöperative, antagonistic, or contributive. It will interest some to note that of these primary tendencies, antagonistic reactions constituted only 9.67 per cent, whereas 51.86 per cent of all sibling contacts were found to have an ulterior, 'selfish' secondary tendency.

Buehler becomes particularly vague when she attempts to summarize findings concerning these sibling relations. She probably realizes that no general conclusions ought to be drawn since the age relations, and therefore the emotional relations, differed so considerably.

The book concludes with an appendix containing a paper on the Problem of Obedience by Sophie Gedeon, the essence of which is that a considerable positive correlation is found to exist between obedience and the absence of strict treatment.

It is to be hoped that a more extensive study carried out on a less superficial level will lead to findings of greater importance and interest, and that, as Buehler believes, it will 'lead to results of inestimable value to the pedagogy of family life'.

MARJORIE R. LEONARD (LOS ANGELES)

THE POWER OF THE CHARLATAN. By Grete de Francesco. New Haven: Yale University Press, 1939. 288 pp.

This work by a Swiss journalist is an account of the fascinating group of charlatans who in medieval and modern times gained wide following and often exalted position in Europe and America.

The author attempts an inquiry into the sources of the power the charlatan exerts over his dupes, the techniques he utilizes, the nature of the submissiveness of the dupe, the relationship of the cultural period to charlatanism, and the peculiar difficulties encountered in combating the charlatan through rational explanation and logical exposure of his duplicity.

The word 'charlatan' is itself a dubious term but the many definitions reviewed by the author have in common an emphasis upon use of language to confuse and deceive; the noun *ciarla* means empty garrulity. Primarily the term is associated with the quack who 'sells salves or other drugs in public places, pulls teeth and exhibits tricks of legerdemain', but it is pointed out that 'every class has its charlatans'. The charlatan is boastful, daring, unscrupulous in deceiving and exploiting others and above all intolerant of true science, 'the power most hostile to his influence'.

The power of the charlatan cannot be understood without considering his victims and the historic situation. Charlatans were most triumphant during those periods in which the development of science was such as to arouse interest in exciting problems imperfectly understood. Ignorance and confusion offer the charlatan his opportunity, and the Renaissance, when all science was mysterious and chemistry was just emerging from alchemy and astronomy from astrology, provided the most felicitous setting for him. Later during the eighteenth century when a new technology was developing the charlatan again found a fruitful field in exploiting the interest in new and bewildering technological marvels.

The charlatan learned that 'transmutation is the password to the hearts of men'. By opening a possibility for men to believe what they want to believe, the charlatan is in the position to exploit the misery and longings of his victims. For three hundred years, until the latter part of the eighteenth century, alchemy was the 'scientific handmaid of the charlatan'. The author traces the belief in mutability of elements to Greek theory. The potent substance sought by the alchemist should have three properties: it should make gold, lengthen life and cure all ills. The story of Bragadino the gold maker, summoned by the Venetian senate toward the close of the sixteenth century to aid the declining Republic then seriously menaced by Spanish-English-Dutch competition, typically reveals the extent to which wishful thinking

renders a relatively sophisticated but insecure society susceptible to the techniques of the charlatan. The intense excitement Bragadino skilfully created in anticipation of the marvels about to be performed, his capacity to surround his person with an atmosphere of grandeur and mystery, the astuteness with which he evaded the direct issue of demonstrating his lack of capacity to perform in accordance with promises, reveal well the general tactics of the charlatan and the nature of the responsiveness of his audience. His actual achievements were in the field of propaganda. Parallel with the interest of an enthralled public was the infatuation of particular individuals of high estate for the charlatan, an infatuation based upon the expectation that the miracle-worker would rescue his victim from intolerable realities otherwise overwhelming.

Like other charlatans, Bragadino was exposed and executed. The punishment given the unmasked charlatan is not necessarily in keeping with his actual crimes but represents the violent reaction of disillusionment following great hopes, and the chagrin and resentment at the undeserved great honors heaped upon the imposter. The book reviews a number of such striking and exciting careers.

De Francesco's discussion of 'power through propaganda' is of timely interest. He indicates the decline of the influence of the church which instead of conjuring radiant visions of the future reminded men of the brevity of life and the terrors of the hereafter. At the same time further confusion was created in men's minds by the advances of science poorly understood. Here the charlatan steps in, ready to explain everything and to promise everything, popularizing science by readily distorting facts if so doing is in keeping with his purposes. Thus the charlatan becomes not only the foe of real advance in science but as well the molder of public opinion. Our present day demonstrations of this sad fact far outstrip in importance and extent the illustrations given by de Francesco. Attempt to unmask the charlatan by 'sober exposition' has almost always failed. Once lulled to a false sense of security by acceptance of illusions created by the charlatan, men tend to despise all proof that might disturb this acceptance. Where campaigns to discredit the charlatan have been successful the 'convincing force of a superior personality' rather than expert knowledge has seemed essential.

This first rate work is most satisfying as a fascinating and authoritative historical account. As a psychological study of charlatanism it contains an enormous amount of intriguing material but remains on a descriptive level. Charlatans always have attempted to surround themselves with mystery and to hide their origins and motives. While the tactics and techniques of the charlatan are well described and the nature of his appeal to the public at least broadly sketched, the nature of the personality of the charlatan, despite the excellent biographical accounts, is hinted at rather than formulated. Perhaps more than this should not be demanded of the author. This splendid book provides invaluable material for further psychological study of the charlatan and his victims. A feature of the book is the collection of excellent illustrations of the charlatan and his activities ranging from the fifteenth century to modern times.

GEORGE J. MOHR (CHICAGO)

THE PSYCHOLOGY OF SPEECH. By Jon Eisenson. New York: F. S. Crofts & Co., 1938. 272 pp.

In this book the author attempts to present the principles of psychology which underlie the problems of speech. He brings together three aspects of speech—the psychology of language, the pathological aspects of speech, and the relation of speech to the development of the personality—and treats them in their relation to each other. But he warns the reader that ‘this is neither a textbook on speech pathology nor a complete treatise on any of the other related subjects’; its only goal is the ‘better understanding of normal speech and the speech problems of the normal person’.

The book is composed of five parts: the nature and origin of speech; its basic psychological aspects; its development in the child; its relation to personality; and the psychology of the audience.

In part one, language is defined as any system of recognized symbols used to produce or prevent specific responses of thoughts, feelings, or actions; speech is that form of language which man produces without resorting to agencies outside of his own organism. The functions of speech, elucidated under four headings, may perhaps be more clearly subsumed under two: pleasure and utility, the latter including communication, social gesture and

the mollification of hostile persons. This would give the pleasure function the relatively greater prominence which it deserves.

The two elements of speech—the visible gesture and the audible oral symbol—are interestingly treated in their relation to its origin and development. Of the six mentioned theories of the origin of speech, the author favors the oral gesture theory of Paget. Its essence is that originally 'voice in itself conveyed only the crude idea of a broad emotional state. For an explanation of the emotion, primitive man had to use pantomime. At first it was total bodily pantomime; later it was reduced to tongue pantomime, or articulation.' The development of speech in the child parallels this phylogenetic course.

It occurs to the reviewer that further proof of this theory may be adduced from speech pathology, namely the difference between phonasthenia and stuttering. The first involves the sequence: emotion—vocalization—hysterical syndrome; the second, emotion, plus ideation—articulation—compulsive syndrome.

In part two the most important chapter treats of emotion and speech. Emotion is regarded as a sensation mass having a motor set and a physiological picture, and is also viewed as 'a conscious state, an awareness of disturbance in a given situation. . . . Emotions are featured primarily by disorganization of response. Responses become random, excessive, and largely useless, both overtly and verbally.' The restriction of the concept of emotion to overt explosive behavior in contrast to what is discernible as such clinically—a much larger domain—will be commented upon later.

Part three deals with the development of speech and language in the child and contains good descriptive material on the stages of development, as well as interesting statistical material on correlations of language development and differences in children.

Part four, which is of greatest interest to the psychoanalyst, begins with general remarks on personality, develops the thesis that speech is an important index of personality and then illustrates this thesis by descriptions of the personality and speech of the blind, the stutterer, the manic-depressive, the schizophrenic and the aphasic.

The personalities dealt with best are those of the blind and the aphasic, especially the latter. The description is clinical and bespeaks actual experience. By contrast, the treatment of the two

forms of the major psychoses is the stereotyped description of the psychiatric textbooks. The stutterer, of whom there are about 1,300,000 in this country, by far the most important and complex speech problem of all, is given seven pages in contrast to the aphasic who receives sixteen pages. The personality of the stutterer as well as his major symptom is regarded as an expression of perseveration. Stutterers 'show a greater tendency to resist change, a greater tendency for their neurons, once excited, to persist in their original state of excitation than is the case with normal speakers'.

Part five is devoted to the practical goal of helping the public speaker to an understanding of the speaker-audience relationship and deals with such topics as attention, motivation and stage fright. It is prefaced with a good description of some of the basic principles of group psychology and contains practical advice on some of the problems facing the public speaker. In these days of large scale propaganda it would have been a welcome addition from the point of view of the audience had the author put more stress on the effects of emotional public speaking, picturesquely called by another author 'Stein-Divine English'.

This book deals very concisely with many aspects of normal and abnormal speech. To this reviewer it seems a successful attempt to orient the reader towards a grasp of the related disciplines which properly belong together in a study of the psychology of speech. That most parts of the presentation are sketchy and condensed is regrettable from the standpoint of the speech clinician, but the author himself forewarns him in this very respect. The author's sense of humor evidenced throughout the book is enlivening and is a welcome feature.

What seems to us to be the cardinal difficulty with this presentation is the inadequacy of the instrument—objective psychology, to use one of its many names—which here limits itself essentially to experimental and statistical data in dealing with total behavior. Speech, of course, is a part of total behavior. The entire field of unconscious motivation is not even mentioned although there are references to 'the subcortical level', to learning that is 'indirect and unwitting', and to teaching that is 'rarely on the conscious level'. Emotion is encompassed in the layman's idea of 'emotional-

ism' as exemplified by the statement that there is no emotion until there is a certain change in organized patterns.

Perhaps nowhere is the inadequacy of the statistical-experimental approach so well revealed as in its approach to the problem of stuttering. The stutterer, says the author, perseverates; 'there is a greater tendency in his neurons to persist in excitement'. But that is the *modus operandi*, not the motivation. The fact is that the stutterer uses his speech too often to disarm hostility, to express hostility or to derive forbidden pleasure from pregenital narcissistic gratifications. The perseveration is the final compromise in the series of struggles between a wish to speak and a fear-and-wish not to speak. This struggle is part of the expression of a special type of personality. To understand this type of personality is to understand the difficulties in the speech situation. Merely to envisage the perseveration is to have knowledge but no understanding. By the same token when the author quotes four different theories of stage fright he is representing, according to our view, as many aspects of the anxiety syndrome. Another example of the same thing is the author's tendency to explain symptom formation in speech pathology in terms of the 'principles of learning', obviously attributing to the secondary gain the full weight of the total etiology.

The author is mindful of the discrepancies between controlled laboratory experiments and total life situations. Nevertheless he ascribes to the former a high degree of accuracy. The degree of accuracy achieved, however, is somewhat reminiscent of the proverbial elephant described by several blind men, each using his tactile sense on a limited area. Needless to say, the inadequacy is inherent in the method and not in the author.

We agree with the author that in order to understand the speech problems of the normal person we have to study disorders of personality and disorders of speech. This involves having working concepts of personality and emotion. But such concepts have to be broadened by the addition of some of the facts of psychoanalysis that have already emerged from the realm of the controversial and are part of the body of fact properly belonging to the field of general psychology. We are referring to such phenomena as the contribution to the personality from the instincts and their

vicissitudes, especially the reaction-formations and other forms of defense. And in the realm of emotion we would include the unconscious components which are part of the structure of the personality as evidenced in organized behavior patterns, not merely those involved in disorganized patterns. Of course criticism of this nature is applicable to all books similarly based on objective psychology, a criticism doubtlessly hackneyed in a psychoanalytic periodical—but one which nevertheless must be made.

I. PETER GLAUBER (NEW YORK)

SOCIAL FORCES IN PERSONALITY STUNTING. By Arnold H. Kamiat. Cambridge, Mass.: Sci-Art Publishers, 1939. 245 pp.

The title of this book is misleading. Although the aim as stated is to show that the cause of personal immaturity is the stunting effect of the 'exploitative, autocratic and competitive' spirit of society, actually the main thesis of the book is the exact opposite: i.e., that society is 'exploitative, autocratic and competitive' because it is made up of 'immature' individuals, and only 'mature' people can be 'democratic and coöperative'.

This confusion is characteristic of the book in general. The thing to be proved is found in the end to have been given as proof. For example, the first part of the book is taken up with a discussion of the evidences and destructive effects of 'immaturity' in the social order. Nevertheless, in the latter half where a program of cure is presented, the problem of all the evils of immaturity is solved by placing 'scientists', 'philosophers' and 'statesmen' in power. How these adequate individuals are to be created and how a neurotic society is to be persuaded to put them in power if created is entirely overlooked.

The book abounds in sweeping generalizations with little supporting material. At no time is there a statement of which social order is being discussed. The implication is, therefore, that human nature is the same everywhere. The same lack of clear definition is shown in the use of words, especially such words as 'altruistic', 'egoistic' and 'coöperative', which seem to have both scientific and lay meanings in the book.

The first thirteen chapters contain some interesting observations on the interaction of personality and culture. But even here one is swamped with general statements, and more facts are needed to furnish conviction.

CLARA THOMPSON (NEW YORK)

NEW HORIZONS FOR THE FAMILY. By Una Bernard Sait. New York: The Macmillan Co., 1938. 747 pp.

This book is for the most part an extensive historical review of family life, ancient and modern, with some discussion of the social, economic, religious and educational factors which the author thinks have brought about change in this 'nuclear process within which the future of humanity is wrought'. The author hopes that such a review will bring perspective and orientation to the outstanding problems of family life. By bringing home these facts to parents of the present day she thinks that they can be educated to take some sort of united action against adverse conditions while furthering those social conditions which are beneficial to the family. They will then be able to train their children for marriage and family life of a better sort. The book is therefore meant to be a contribution to the philosophy of the family and a text book for parents, teachers and social workers. The author states that she is applying the educational philosophy of John Dewey to this special field.

Two hundred of the seven hundred and fifty pages are devoted to *The Family in Historical Perspective*. Some four hundred pages deal with an extensive group of twentieth century problems including progressive education, the nursery school, physically, mentally, and socially handicapped children, the status of women, and birth control and marital adjustments. A small section deals with home life, budgets, clothing, food, amusements, religion, etc.

Psychoanalysis is discussed in two pages. Very gingerly some credit is given it for directing attention to childhood, for emphasis on individual development, and for stressing the unconscious forces which determine behavior. The point of view of the author is distinctly not biogenetic, however, and she seems to be unable to consider the factors of instinctual development, control and sublimation as the most fruitful field of study bearing upon the problem she has chosen.

Infantile sexuality, which she refers to in quotation marks, seems to affect her much as the theory of organic evolution disturbed the Kentucky and Tennessee mountaineers. It is obviously out of the question for her to recommend to parents that they make observations in this field. In the section which she devoted to *Preadolescent Sex Education* she makes the astonishing statement: 'Substantial agreement has been reached as to what con-

stitutes adequate sex education'. Again, 'Parents must answer their children's questions accurately and objectively—without shame—as a biological and not a moral matter'.

It is doubtful whether the information presented in this book and the author's evaluation of it will give to parents much practical help. Those who are blessed with mature instinctual and emotional development will doubtless enjoy this personally conducted but rather stilted excursion into family philosophy, but even as a form of mental gymnastics the analyst would hesitate to recommend it.

MARGARETHE A. RIBBLE (NEW YORK)

DREI VORTRÄGE ÜBER PHILOSOPHIE UND PARAPSYCHOLOGIE (Three Lectures on Philosophy and Parapsychology). By Johannes J. Poortman. Leiden, Holland: A. W. Sijthoff's Uitgeversmij N.V., 1939. 76 pp.

The psychoanalyst ought still to remember the time when the attempt to form an objective opinion about analytic methods and results was considered a sign of bad taste. This psychoanalyst will not assume a similar attitude towards another new approach, in this instance, parapsychology. Johannes J. Poortman gives a careful presentation of Kant's and Copernicus' philosophical systems, with emphasis upon the conception of supra-subject and infra-subject. He shows the relation of parapsychology to philosophy and *Weltanschauung* and concludes that parapsychology is a new science. In the third lecture he gives an account of parapsychological motifs in world literature.

In spite of the attempted open-mindedness of the reviewer, the author is as convincing in his reasoning as a neurotic who gives hygienic reasons for his washing ritual.

MARTIN GROTJAHN (CHICAGO)

ABSTRACTS

Some Observations on the Ego Development of the Fetishist. S. M. Payne. The Int. J. of Ps-A., XX, 1939, pp. 161-170.

This paper examines the relations between fetishism and certain defense attitudes of the ego, in particular a special ego weakness which exposes the ego excessively to castration fear. The author is of the opinion that the structure of the unconscious ego of the fetishist has traits in common with the depressive and paranoid; like the latter the fetishist remains orally dependent and in connection with this dependence develops conflicts revolving about sadism. The longing for the fetish is a longing for 'good parents who may be introjected', who will protect him against anxiety. But at the same time it is a longing to atone for the fantasied destruction of the parents, expressed in certain fantastic tendencies: 'The relationship of a man to his fetish is the same as his relationship to his internalized parents'. In the history of the patient events are frequently to be found which tend to increase the dependence of the child upon the parents. Unclear is the author's statement that nosologically fetishism stands between the neuroses and the perversions. Is not fetishism by definition a perversion?

OTTO FENICHEL

On Retaining the Sense of Reality in States of Depersonalization. C. P. Oberndorf. Int. J. Ps., XX, 1939, p. 137.

In earlier papers¹ Oberndorf developed a theory of depersonalization. In essence it rests upon an identification with the parent of the opposite sex which occurred after sexualization of the thinking function had taken place; the 'mode of thinking of the opposite sex' in the superego will then be experienced as incongruous, and suppressed. Oberndorf now reports further clinical observations which seem to him to confirm this theory. In particular Oberndorf examines the phenomenon that for some patients suffering from depersonalization certain experiences have nevertheless retained their full reality and are felt with complete emotion. For one woman patient an interest in books was such an exception. Books which had attracted the attention of the patient because of their symbolic significance had been excluded from depersonalization because of their harmless character. Oberndorf then discusses the fact that patients who suffer from depersonalization often identify themselves with dead objects. Finally he also considers special types of resistance arising from depersonalization: the feeling that the analyst's interpretations are not at all real protects the patients from complete acceptance of the interpretations.

OTTO FENICHEL

¹ Oberndorf, C. P.: *Depersonalization in Relation to Erotisation of Thought*. Int. J. Ps., XV, 1934. *The Genesis of the Feeling of Unreality*, Int. J. Ps., XVI, 1935.

Rôle of the Female Penis Phantasy in Male Character Formation. Sandor Lorand.
Int. J. Ps., XX, 1939, p. 171.

In male patients who cling unconsciously to the belief that women possess a phallus, this fantasy is always of deuterothallic nature, i.e., it serves to assuage the castration fear which dominates the entire structure of the personality. It is interesting that these same patients often fantasize or dream of men with female genitalia, or of men who transform themselves into women. Their purpose is to escape from anxiety through 'motherly protection on the part of the father'. These patients are usually passive types for whom activity is always connected with anxiety, characters who as children had attached themselves particularly to the female members of their families.

OTTO FENICHEL

Criteria for Interpretation. Susan Isaacs. Int. J. Ps., XX, 1939, p. 148.

Miss Isaacs discusses the criteria at our disposal for judging the correctness of our interpretations. The determinant is always the patient's *total reaction*—sometimes the immediate, frequently a subsequent one. Incorrect interpretations usually make no impression whatever. Interpretations which are correct in content but are dynamically or economically incorrect (given in an inappropriate connection) or which are only partially correct, create or increase the anxiety of the patient, sometimes so specifically that his reaction often shows us the nature of our mistake. Correct interpretations find confirmation in various ways: the patient recognizes their correctness immediately; new memories emerge; the interpreted impulse becomes clearer and more specific in some other way; further associative material appears, or the general attitude of the patient changes; forgotten material, e.g. forgotten dreams, emerges; the patient develops a new understanding of his present reality; but over and above all a specific diminution in anxieties occurs or there is a change in the content or direction of the anxieties, particularly with reference to the transference. Reconstructions of the childhood history of the patient find confirmation through other and new recollections, through correlation of hitherto chaotic material, through objective confirmation, through clarification of hitherto incomprehensible attitudes. The author then considers the scientific validity of psychoanalytic conceptions, particularly similarities and differences in the analytical and the experimental situations. She comes to the conclusion that psychoanalytic perceptions are of natural scientific character.

OTTO FENICHEL

Psychological Aspects of Medicine. Franz Alexander. Psychosomatic Med., I, 1939, pp. 7-18.

The recognition of psychological forces and the psychological approach to the problems of life and disease appears as a relapse into the ignorance of the dark ages in which disease was considered the work of evil spirits and therapy was the expelling of a demon from the diseased body. Therefore modern medicine as a branch of natural science became more intolerant to everything which might have reminded it of its spiritual and mystical past. Modern psychiatry and psychoanalysis, neurology and endocrinology have changed this attitude and have created the concept of 'psychosomatic medicine'. The com-

bined efforts of these disciplines have been crystallized in the concept of psychogenic, organic disorder. These disorders according to the author's view develop in two phases. The first phase consists of the functional disturbances of a vegetative organ, caused by chronic emotional disturbances called psychoneuroses. In the second phase the chronic functional disorder leads in time gradually to irreversible tissue changes and to an organic disease. The main contribution of psychoanalysis to medicine was to add to the optical microscope the psychological microscope in the form of a psychological technique by which the emotional life of patients can be subjected to detailed scrutiny.

MARTIN GROTJAHN

Emotional Factors in Essential Hypertension. Franz Alexander. *Psychosomatic Med.*, I, 1939, pp. 173-179.

The view presented is an attempt to integrate a number of diversified observations of clinical pathological, physiological and psychological nature into a consistent etiological picture of hypertension. Increased blood pressure is a utilitarian reaction of the organism preparing it and making it fit for flight or fight. In hypertensive patients neither takes place because of a paralysis of the emotions. Neither the passive dependent attitude nor the hostile impulses may be expressed freely; the two opposing emotional attitudes block each other. Social life of today requires an extreme control of hostile impulses and this may be the reason for the increased frequency of hypertension. The assumption is that the chronic inhibited rage may lead to a chronic elevation of the blood pressure. The therapeutic possibilities of the psychoanalytic method in essential hypertension cannot be as yet conclusively formulated. It has its greatest possibility of success during the early fluctuating phase and has therefore primarily a prophylactic value. Analysis may help to solve the pronounced conflict between passive dependent, feminine receptive tendencies and overcompensatory competitive aggressive hostile impulses which lead to fear and increased flight from competition back to the passive dependent attitude.

MARTIN GROTJAHN

Hostility in Cases of Essential Hypertension. Leon J. Saul. *Psychosomatic Med.*, I, 1939, pp. 153-161.

In seven cases of essential hypertension the following similarities were found by psychoanalytic investigation: (1) The prominence in every case of a dominating mother with submissiveness and oral dependence toward her, transferred in the cases of two men to their fathers; unsuccessful, nearly conscious rebellion against this submissiveness and chronic unexpressed rage at unsatisfied oral demands and against independent activity and work. (2) Marked inhibition of heterosexuality, although indulged to some extent, despite anxiety. (3) Intense, chronic, inhibited hostilities, not adequately repressed and bound, as for instance in cases of organized neurosis. (4) The hypertensive individuals were neither weak and dependent nor aggressively hostile but were blocked in both directions. During periods when *either* trend was satisfied, the blood pressure was markedly lower.

MARTIN GROTJAHN

Psychoanalytic Study of a Case of Essential Hypertension. Franz Alexander. *Psychosomatic Med.*, I, 1939, pp. 139-152.

The psychoanalytic investigation of cases with essential hypertension was undertaken in the hope that a systematic study of the emotional life of these patients, continued over a long period, would throw some light upon the still open question concerning the etiological rôle of emotional factors in the development of hypertension. At the same time the aim of this study was to establish the possibility of psychotherapy in cases of essential hypertension. The clearly written case report gives a dynamic picture of the personality of a hypertensive patient, shows the correlations between the patient's blood pressure and his changing emotional states, and investigates the problem whether there are specific emotional tensions which have a specific influence upon the blood pressure. The observations were made during the analysis of a 47 year old male patient who was suffering from pronounced, though not excessive essential hypertension of the fluctuating variety. The most conspicuous feature of his personality was a double attitude of overt subjection to external code and to his conscience, with an extremely strong emotional rebellion against this submission. This internal rebellion showed itself in drinking and promiscuity. The unconscious dynamic background of the overt picture revealed an 'emotional paralysis'. Each of the two polar opposing tendencies blocked the expression of the other. This emotional paralysis was clearly expressed in the patient's characteristic 'hypertension dreams' in which he undertook to do something and found himself unable to do so. Viewing the life history of this patient from a bird's eye view it could be demonstrated how the gradual metamorphosis of an overaggressive successful domineering young man determined for leadership, into a shy, inhibited, conforming, overly modest and unexpressive person took place. The patient's father had tried to break the rebellious little *œdipus* and succeeded only too well. In two hundred and one analytic sessions the patient's blood pressure was taken and compared with his emotional state. An examination of the analytic material during the sessions when the blood pressure dropped showed marked relief from emotional tension, whereas in the hours where it rose, it showed increased resistance, and discomfort. A definite therapeutic conclusion will be possible only if the analysis succeeds in further diminishing the patient's chronic emotional tension. During the last period of treatment there was a small, but definite decrease of the day by day fluctuations and a small downward tendency of the average blood pressure level.

MARTIN GROTJAHN

Recent Advances in the Pathogenesis and Treatment of Hypertension—A Review. Edward Weiss. *Psychosomatic Med.*, I, 1939, pp. 180-198.

A review of about 120 papers indicates that hypertension is a 'constitutional disorder in which both hereditary and environmental (vasospastic) factors' are of importance. In an attempt to assign a proper relationship to the three systems of the body and to the various factors that play a part in the pathogenesis of hypertension, a scheme has been constructed by the author which

indicates the relative importance of constitutional and hereditary factors, the endocrines and the vegetative nervous system. Another system includes the psyche with 'anxiety, unconscious conflict and emotional stress' as hypertensive factors. In the text of the paper the psychological considerations are cut very short and the author mentioned only one publication of the psychoanalytic journals, so that the reviewer gets the impression that the paper is written from a one-sided point of view. It gives clear information about the present knowledge of the problem in question, as the physiologist sees it.

MARTIN GROTJAHN

Blood Pressure Findings in Relation to Inhibited Aggressions in Psychotics. Milton Miller. *Psychosomatic Med.*, I, 1939, pp. 162-172.

The study of the psychopathology of repressed hostilities in relation to hypertension suggested to the author the possibility of finding elevated blood pressure in two groups of psychotics: a group of depressed psychotics who are self-accusatory and turned the hostility against themselves and the group of paranoid cases who defended themselves against their hostility by accusing others of aggressive tendencies toward them. Altogether one hundred ninety-three psychotic patients were studied. Sixty of them were paranoid, thirty-three depressed and twenty-three schizophrenic. In a second group of seventy-seven cases the author succeeded on the basis of his observation and experience to predict the blood pressure accurately. The study suggests that where there is a chronic psychological tension arising out of chronic inhibited hostile impulses chronic elevation of the blood pressure may result. Those patients with a high degree of passive regression throw little strain on the cardiovascular system.

MARTIN GROTJAHN

The Introduction and Development of Freud's Work in the United States. A. A. Brill. *Amer. J. of Sociology*, XLV, 1939, p. 318.

An intimate and personal account of the introduction and spread of Freud's work in this country is given in which Brill has so notable a share. Reading, discussion, lectures and the translation of Freud's works into English were the different steps in this development. Contacts with nonmedical groups were of equal importance to those with medical groups in establishing Freud's psychoanalysis in this country.

MARTIN GROTJAHN

Sigmund Freud and Psychiatry, A Partial Appraisal. Smith Ely Jelliffe. *Amer. J. of Sociology*, XLV, 1939, p. 326.

Because Freud has not always been in the main stream of psychiatry, his work is more difficult to appraise than that of Kraepelin. Despite great opposition psychoanalytic conceptions have infiltrated psychiatry. From the very start psychoanalysis in America has been preëminently a medical and even more significantly a psychiatric discipline.

MARTIN GROTJAHN

Sociology and the Psychoanalytic Method. Gregory Zilboorg. *Amer. J. of Sociology*, XLV, 1939, p. 341.

Freud's contributions had an early influence on sociology and anthropology. However, the psychoanalytic contributions to sociology extend little beyond the awareness that a new psychology has been born. There are two main reasons for this: first, objections to freudian theories; second, the impression was gained that the social reactions of the individual are direct criteria for the reaction of society as a whole. This assumption is the more misleading because to a great extent it is correct. Social schizophrenias are no more possible than social cancer and the existence of an 'interstitial psychology' is as unthinkable in nature as the blood circulation is unthinkable outside the circulatory system of an individual. However, one is led to the somewhat paradoxical conclusion that one must study the individual in society in order to understand society as a whole. To understand the dynamics of social life one should look not for the characteristics of the individual's socialized reactions but for those outlets which society offers for the return of the repressed. If the fundamental hypothesis of psychoanalysis is properly understood and accepted, social scientists would be required to occupy themselves with the study of how a given civilization accommodates and gives expression to all the impulses which in private life are considered unsocial or antisocial.

MARTIN GROTJAHN

The Neo-Adlerians. Fritz Wittels. *Amer. J. of Sociology*, XLV, 1939, p. 433.

Freud and his psychoanalysis are today being assailed as taking insufficient cognizance of the direct influence of the social situation upon the individual. Insecurity, competition, lack of charity, we hear are the chief causes of neuroses and not—as Freud's school teaches—our native constitutions plus early childhood impressions, such as the well-known œdipus complex, its forerunners and derivatives. The field of 'social' etiologies was the exclusive object of Alfred Adler's research, and although his heirs rarely quote him, the 'new' discoveries in this field are based on his theories. In as much as psychoanalysis long ago absorbed a good deal of Adler's investigations, the 'discoveries' of these newcomers appear to be the products of cryptomnesia. Psychoanalysis has always reckoned with social factors, the œdipus complex itself being one of the first social experiences of the infant.

MARTIN GROTJAHN

What Is a Neurosis? Karen Horney. *Amer. J. of Sociology*, XLV, 1939, p. 426.

From a social standpoint a neurosis can be defined as a deviation from the 'normal' in the sense of the statistical average. From a clinical viewpoint neurosis may be regarded as an attempt to cope with life under difficult internal conditions which center about a basic anxiety toward life in general. Neurosis does not primarily concern the manifest behavior, but the quantity or quality of basic anxiety as well as that of the deviation developed for the sake of security.

MARTIN GROTJAHN

Psychoanalytic Contributions to the Understanding and Treatment of Behavior Problems. William Healy. *Amer. J. of Sociology*, XLV, 1939, p. 418.

Freud has clearly recognized physical and social determinations, yet a tendency toward overvaluation of psychoanalytic concepts as producing solutions for individual and social ills becomes more and more apparent. Behavior problems are mainly (but not exclusively) such because of their social significance. Psychoanalysis and sociology should represent collaborative efforts.

MARTIN GROTJAHN

The Contribution of Freud's Insight Interview to the Social Sciences. Harold D. Lasswell. *Amer. J. of Sociology*, XLV, 1939, p. 375.

The most abiding contribution of Freud to social science is the observational standpoint which he invented. The psychoanalytic interview is an insight interview and offers simultaneously insight into the person, personality and culture.

MARTIN GROTJAHN

Freud—and the Analysis of Poetry. Kenneth Burke. *Amer. J. of Sociology*, XLV, 1939, p. 391.

There is an important margin of overlap in the æsthetic and the neurotic, in that the act of both the poet and the neurotic are symbolic acts. This is the main idea of the paper which is characterized by some most striking formulations as for instance (p. 391) Freud 'had perfected a method for being frank' and honest. 'Yet tho honesty is, in Freud, methodologically made easier, it is by no means honesty made easy'; and in another place (p. 401) 'The Darwinian ancestry (locating the individual in his feudal line of descent from the ape) is matched in Freud by a still more striking causal ancestry that we might sloganize as the "child is father to the man"'. To the Marxists the author objects to (p. 416) 'resenting him as an irrationalist, for there is nothing more rational than the systematic recognition of irrational and nonrational factors'.

MARTIN GROTJAHN

The Influence of Sigmund Freud upon Sociology in the United States. Ernest W. Burgess. *Amer. J. of Sociology*, XLV, 1939, p. 356.

The failure of psychoanalysis to make headway with sociology may be explained by the psychoanalytic overemphasis of sexual motivations, a predisposition against absolute explanations, the questionable technique of psychoanalysis, the rise of rival schools, the lack of integration with previous studies and quite a number of other points. In the writer's opinion, Freud's most valuable contributions to sociology are: establishment of the unconscious, emphasis on wish fulfilment, analysis of dynamic trends in the personality.

MARTIN GROTJAHN

Totem and Taboo in Retrospect. A. L. Kroeber. *Amer. J. of Sociology*, XLV, 1939, p. 446.

Freud's explanation of cultural origins waver between being historic and being psychological in character. As history they remain wholly unfounded, but they may prove to contain elements contributing to understanding of the generic human psychology underlying the history of human culture, especially its recurrent or repetitive features.

MARTIN GROTJAHN

Freud's Influence on the Changed Attitude toward Sex. Havelock Ellis. *Amer. J. of Sociology*, XLV, 1939, p. 309.

The strength of reactions to Freud's theories may be attributed to the sanctity and yet obscenity of the subject of sex and Freud's presentation of this subject which the author calls 'extravagant'. Freud's art is the 'poetry of psychic processes'. To emphasize the artist in Freud is not to diminish his significance for science, but includes a recognition as one of the greatest masters in thought. Freud preserved the correct attitude of the conventional physician but in a simple and precise and detailed manner he described the sex phenomena presented by his patients without attenuation or apology. Doing so, he supplied an immense emphasis to the general recognition and acceptance of the place of sex in life. With special delight, Havelock Ellis states that it was he who published the first book in the English language in which Freud's name was introduced and his work expounded. One of the terms which Freud accepted from Havelock Ellis is the word 'auto-erotism', although Freud used it somewhat differently.

MARTIN GROTJAHN

A New Interpretation of a Paragraph in the Hippocratic Oath. Editorial: *The J. A. M. A.*, November 4, 1939, p. 1736.

On the basis of the frequency and utilization of castration at the time of Hippocrates, Nittis concludes that the reference in the Hippocratic Oath to the prohibition of cutting 'indeed not even sufferers from stone' concerns castration and the moral obligations of the physician to prevent its practice.

LEON J. SAUL

The Dozens: Dialectic of Insult. John Dollard. *Amer. Imago*, I, 1, 1939.

Dollard discusses a game called 'the Dozens' frequently played by the negro population of the southern states, especially of Mississippi and Louisiana. This game has different variations in different localities and among different classes, but in general follows a traditional pattern. It consists in the following: two or more individuals engaged in a mock quarrel in the presence of an audience that is as emotionally interested in the game as the participants themselves. The quarrel consists of the participants offending each other by trying to humiliate each other. It is customary for them to accuse each other of incestuous acts or homosexuality, and to make obscene remarks about each others' parents or other relatives. Mostly such reproaches have no justifica-

tion whatsoever in reality; sometimes they may allude to facts, but more often their remarks do really refer to actual weaknesses of the adversary. Adolescents who play the game, use traditional or self-composed verses. The name of 'the Dozens' is probably based on the fact that one of these obscene poems had twelve verses. Sometimes the game ends in actual fighting, and he who first stops fighting is ridiculed and looked upon as the victim. Similar customs are reported from other societies.

Dollard explains the function which this old custom serves today by reference to the social situation of the poor negro population. It is a situation which brings about a high pressure of undischarged aggressive tendencies. This pressure in turn meets the social fact that aggressions against white people are made nearly impossible, whereas aggressions of the negroes against each other socially are stimulated or at least expected. 'The Dozens game is a valve for aggression in a depressed group.' In addition this game which relaxes aggressive pressure simultaneously gives opportunity for giving voice to otherwise forbidden topics.

OTTO FENICHEL

The Psychoanalytic and Psychiatric Significance of Phantasy. Jules H. Masserman and Eva R. Balken. *Psa. Rev.*, XXVI, 1939, p. 535.

There is an increasing interest in psychological tests as supplements to clinical psychoanalytic study. It is hoped that tests can be developed which will bring certain trends into sharper focus, be short cuts to salient features of a case, and so on. This paper is the second part of a report of a study designed to develop a utilization of the Morgan-Murray picture test as a clinical psychiatric aid in diagnosis, prognosis and treatment. Fifty patients were asked to write stories about each of a series of twenty pictures, thereby providing these fantasies for psychoanalytic interpretation by the authors. The fantasies were found to reflect characteristics of the patient's emotional state and conflicts. For example, the obsessional patients produced stories in which doubt was prominent, depressives wove in guilt and suicide, and so on. The fantasies sometimes revealed clearly trends not observed in interview, as was the case with the suicidal tendencies of one patient. They can therefore be of diagnostic value. The changes in the fantasies, and the hopes or fears they express are useful prognostically and as an index of insight and therapeutic progress. The authors suggest certain improvements in the tests and further lines of work, such as statistical studies of the responses and physiological studies at the time of the test. The work is an interesting exploration of the value of this type of test.

LEON J. SAUL

A Case of Female Narcissism with Anal Components. Paul C. Squires. *Psa. Rev.*, XXVI, 1939, p. 461.

This is a case presentation of a woman who was apparently interested only in what she could get out of her two husbands and in depreciating her step-daughter. She identified herself narcissistically with her adopted son whom she kept dependent upon her in an overly close relationship. The tone of

the report is depreciating to the object of study. The interpretations are interspersed in the history and often seem dogmatic. The emphasis is placed upon the narcissism and anal trends, but 'her ruling motto was: Get out of people all you can, and give only what you choose'. This suggests that the basic problem was oral, a question which is not discussed. Moreover we read that 'There can be no question that F.'s chief repressed affect was the inability to bear a child'. Also, 'That F. was gravely schizoid is beyond all doubt'. Thus is raised the question of the present advantages of this method of depicting trends in the description of cases according to the older concepts of set levels of libido.

LEON J. SAUL

A Case of Psychoanalytic Self-Observation. Joseph P. Reich. *Psa. Rev.*, XXVI, 4, 1939.

This author has studied the personality and writings of Saint Teresa, a Spanish mystic of the sixteenth century referred to by commentators as 'the geographer of the soul'. Dr. Reich claims to have discovered in one of her works, *The Mansions*, a remarkable analogy to Freud's theory of the unconscious. He further suggests that the saint not only anticipated Freud's discoveries, but that in the special technic she employed to approach the divinity through prayer, she divined the therapeutic method of free association used in psychoanalysis. It is called Psychoanalytic Self-Observation because the saint's writings were purported to be set down in a trance-like state which the author compares to self-induced hypnotism.¹ This condition suggests a comparison with Freud's early work which made use of hypnotism.

In *The Mansions* (Spanish, *Morados*) Saint Teresa compares the human soul to a castle 'made of a diamond, consisting of many rooms which form seven mansions'. The soul's wanderings through this mansion in its attempt to find god and communicate with him are described. Dr. Reich gives a short synopsis of the work, which appears to us confused. Reich himself directs attention to this by remarking that if the castle is the soul one 'might as well tell someone to go into a room he is already in'.

The author then goes on to say, 'Saint Teresa has, in my opinion, given us in terms common to all mystics, a marvelous description of the human conscious and unconscious mind, or to express it more cautiously, of *her* mind, although I hope to show that this picture has a more general validity. This discovery of the unconscious mind would be an enormous achievement for itself; but Teresa goes farther. She found that the unconscious is not anything uniform, but that it is divided into different spheres, which correspond to different depths. The conscious and unconscious are separated from each other, there is a complete split between them, so that the soul is divided. . . .'

In regard to this we must profoundly disagree with the author. Saint Teresa has not described the conscious or unconscious mind. What she has described is an 'experience'. It is the experience of a mystic and as such is entitled to full recognition. The 'conscious and unconscious mind' is a

¹ This opinion is contested by the saint's best known English biographer, R. B. Cunningham Graham, in *Saint Teresa: Her Life and Times*.

system. When Dr. Reich writes: 'I was constantly haunted by doubts as to whether my interpretation of Teresa's ideas was not forced in many respects, whether I did not what the Germans call *hineingeheimnissen* . . . ascribing a deeper meaning . . . from a prejudiced point of view'. We believe that his doubts are justified and that he has perhaps fallen an unwitting victim to the illusive charms of the sixteenth century saint. It is interesting in this connection to observe that Dr. Reich is reanimating unawares the historical drama of Teresa's politico-religious activity. For it was precisely a system which Teresa's mysticism was calculated to avoid and which would have straightway handed her over to the toils of the Inquisition.

From purely formal considerations, it would seem improbable that we can ascribe to Teresa any conscious intentions of differentiating conscious and unconscious processes. To state that she was intuitively aware of her unconscious is really a meaningless statement unless we use it in a descriptive sense such as might be applied to an artist or poet. Dr. Reich has arbitrarily wrenched an anatomical meaning from a work of religious inspiration. He illustrates this still further by the following quaint passage from a patient who had recorded some observations on her psyche also while under a self-induced hypnotic state: 'I might compare my subconscious with a cellar-staircase with several landing-places lying below one another. When I have descended the first stairs, I come to a landing-place, the spontaneous subconscious. When I walk down another stair, I come into the basement, the deepest subconscious.' But even if this were actually the case, Dr. Reich's comparison is unfortunate for it emphasizes what is really unessential in both the writings of Saint Teresa and the work of Sigmund Freud. Freud did not set out to divide the human mind into divisions and categories, and then speculate as to the spheres of influence between the topographical regions. He continually emphasized in his writings that such concepts were for purposes of convenience, and of secondary importance to facts of empirical observation. His observation enabled him to penetrate to a dynamic process of mental functioning which was alien to the conscious mind, and which was governed by laws which he deduced. The very term 'depth psychology' which is applicable to Dr. Reich's topographical conception of analysis is at the present time being discarded, as it implies a preoccupation with one part of the personality only.

SYDNEY G. BIDDLE

Review of Papers on Insulin and Metrazol Shock Therapy Presented at the Ninety-fifth Annual Meeting (1939) of the American Psychiatric Association. *Am. J. Psychiat.*, XCVI, 2 and 3, 1939.

A review of the papers presented at the Ninety-fifth Annual Meeting of the American Psychiatric Association may give a comprehensive impression of the recent status of insulin and metrazol shock therapy.

Statistical

Insulin. Ross and Malzberg (p. 297) report results on 1039 cases of schizophrenia just after completion of treatment and one year later. The percentage in the recovered and much improved groups after treatment was

37.6; one year later 29.5. In the improved group, the percentage was 26 after treatment; 19.6 after one year. Analysis of results according to age, duration, and type of psychosis showed best results in the age group from 25 to 34, in cases of short duration, and in the catatonic and paranoid types.

Bond, Hughes and Flaherty (p. 317) report that 8 to 26 months after treatment 38 per cent of a group of 82 cases of insulin treated schizophrenia were recovered and much improved, 5 per cent were improved. These results are compared with 5 year results in untreated patients: recovery 10 per cent, improvement 10 per cent. These authors also note that insight is better in insulin-treated than control cases.

Notkin, Niles, DeNatale and Wittman (p. 681) give results on 100 treated, 69 untreated cases of schizophrenia soon after treatment and 8 months to 2 years later. Immediate results were 36 per cent improved in the treated group compared with 21.7 per cent of the untreated controls. After 8 months to 2 years, 47 per cent of the improved treated patients had relapsed and returned to the hospital, compared with 33.3 per cent of the controls. The authors note that the shorter the psychosis the greater the percentage of recovery and the fewer the relapses.

Metrazol. Ross and Malzberg (p. 297) report only 11.5 per cent in the recovered and much improved groups with metrazol treatment, as compared with 14.7 in the untreated controls and 37.6 in the insulin-treated. However, the 'improved' group with metrazol was 24.5 per cent, increasing the total of any degree of improvement to 36.9 per cent, compared with 22.1 per cent in the control and 63.6 per cent in the insulin-treated groups.

Wilson (p. 673) reports a follow-up study 6 months after discharge of 37 patients with affective disorders treated with metrazol: 41 per cent were greatly improved, another 35 per cent showed some improvement. Of 19 of these cases diagnosed as involuntional melancholia, 78 per cent were able to make a social and business adjustment.

Lipschutz, Cavell, Leiser, Hinko and Ruskin (p. 347) found metrazol much more valuable in affective psychosis than in schizophrenia. Forty-four per cent in the former group were markedly improved or recovered; only 16 per cent in the latter. They also noted better results with metrazol in patients with apprehensive or resistive attitudes but did not find this true of insulin.

Orenstein, Bowman, Kagan and Goldfarb (p. 589) reported the use of subconvulsive doses of metrazol in the treatment of 50 cases of acute alcoholism. Dramatic quieting of the excited patients and arousal of the comatose ones were observed in 70 per cent, occurring within a few minutes after injection.

Clinical

Results and Techniques. Harris, Horwitz and Milch (p. 327) noted that 77 per cent of schizophrenic patients who respond favorably to intravenous sodium amytal also improve with insulin, and 64 per cent of the patients who fail to respond to amytal also fail with insulin. They suggest, therefore, that response to amytal may be helpful in estimating the probable prognosis of insulin shock therapy.

Wortis and Lambert (p. 335) report successful treatment of 3 cases of irreversible coma by blood transfusion. They suggest that irreversible coma develops because of failure to absorb sugar given by stomach tube, complicated further by hyperglycemia following excessive doses of intravenous sugar.

Lipschutz, Cavell, Leiser, Hinko and Ruskin (p. 347) investigated the rôle of increased attention, physical care, etc., in the beneficial results of insulin and metrazol treatment. They found that the best results are obtained by the use of insulin plus intensive resocialization (35 per cent recovered or markedly improved). The next best results are secured with coma but no group therapy, the poorest in those receiving saline injections instead of insulin, plus group therapy. With metrazol also, considerably greater improvement was seen in those receiving group therapy simultaneously with shock therapy.

Tillim (p. 361) discusses variations in insulin sensitivity in individual patients, demonstrating that increase in sensitivity occurs in most patients as the treatment goes on.

Physiological Measurements. Himwich, Frostig, Fazekas and Hadidian (p. 371) measured oxygen uptake, blood sugar and brain waves during the course of insulin shock. They found that clinical symptoms occur in an order which suggests progressive loss of function from the higher to lower centers. With the development of symptoms come the following changes: blood sugar falls; alpha waves decrease while the delta index rises; oxygen uptake of the brain falls until in deep shock it has decreased to one-third or less of normal. At this time there are no alpha waves, while the delta index is 15 to 25. Giving glucose reverses all these changes. Anoxia produces similar effects, though at a much increased rate.

Kaplan and Low (p. 689) performed insulin and glucose tolerance tests on 26 cases of schizophrenia and manic depressive psychosis. The average glucose tolerance curve of all subjects was normal, though there was a high proportion of abnormal curves, only 6 being within normal limits. In the insulin tolerance test, the majority of patients showed an abnormally long time for the blood sugar to return to the fasting level. The authors state that the onset of coma is dependent upon the maintenance of a significant fall in blood sugar (to approximately 30) for a sufficient length of time.

Adler and McAdoo (p. 699) reported two cases of hypotensive patients who after each metrazol convulsion showed no heart beat and subsequent cessation of respiration. The pulse reappeared after 40 to 125 seconds. Treatments were carried to completion by the use of artificial respiration.

Heiman (p. 387) found a positive Babinski in 74 per cent of cases of insulin shock before onset of unconsciousness; in 92 per cent after. He noted that loss of the corneal reflex is a very reliable sign of the deeper stage of coma.

Pathological

Pessin and Reese (p. 393) report the case of a young man who died during his first metrazol treatment. Autopsy showed cerebral edema with herniation

of the medulla into the foramen magnum. The patient had had a lumbar puncture 48 hours before death and the authors suggest a causal relationship.

Appel, Alpers, Hastings and Hughes (p. 397) found pathological changes in the brain in 7 out of 9 cats who were given insulin convulsions for 9 to 28 days. The changes were ischemic in nature, scattered over the brain but chiefly in the frontal areas and in the Purkinje cells of the cerebellum.

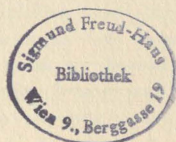
Experimental

Bond, Hughes and Flaherty (p. 317), measuring the after-potential of the phrenic nerve in cats after metrazol convulsion found significant increases in duration, indicating a state of prolonged supernormal excitability.

Lougheed and Hall (p. 657), using rabbits, studied the effect of metrazol on blood pressure, respiration, heart rate, splanchnic volume and pulmonary blood pressure, determined the effects of various drugs on the convulsion, and measured the values of blood CO_2 , O_2 and sugar. They found marked changes in all these values. Most significant were: (1) There was a marked rise in blood pressure and heart rate; respiration increased in rate, then ceased, then showed a secondary rise. (2) Marked increases in splanchnic volume and pulmonary pressure occurred. (3) In curarized animals, essentially the same cardiovascular changes occurred as in noncurarized, ruling out the possibility that the findings resulted from the extreme muscular activity during the convulsion. (4) In atropinized animals, as much as 4 to 5 times the optimal convulsive dose of metrazol can be injected without death, but in spite of this, the usual dose causes a typical convulsion, with, however, less marked blood pressure changes. (5) Adrenalin produces a marked synergistic effect with metrazol, so that the convulsive dose is lowered to one-sixth or less of normal. When usual doses are given, death results from acute pulmonary edema. (6) Blood CO_2 and O_2 showed marked changes. Blood sugar rises and remains high for 1-2 hours.

We would like to have had included a subheading, *Psychological*, but no comment is made on this subject.

I. STEINFELD



NOTES

THE BOSTON PSYCHOANALYTIC INSTITUTE announces three additional Sigmund Freud Memorial Fellowships for Psychoanalytic Training, to begin September, 1941. These fellowships are open to graduates of a recognized medical school who have had at least one year of general hospital training, and two years of work in psychiatry. The fellowship covers tuition fees only. One additional fellowship for training in applied non-therapeutic psychoanalysis will be open to those who have a Ph.D. or equivalent degree in the fields of anthropology, sociology, pedagogy, etc. Detailed information may be obtained by writing to Dr. M. Ralph Kaufman, Chairman of the Educational Committee, Boston Psychoanalytic Institute, 82 Marlborough Street, Boston, Massachusetts. Applications close on February 1, 1941.

The EDUCATIONAL COMMITTEE OF THE NEW YORK PSYCHOANALYTIC INSTITUTE has issued a comprehensive syllabus in booklet form of the courses to be given in the Institute during the academic year 1940-1941. The courses throughout the academic year include: History of Psychoanalytic Literature; Interpretation of Dreams; Ego Pathology; Application of Psychoanalysis to Social Case Work; General Principles of Psychoanalytic Technique; Neuroses and Psychoses; Theory of Sexuality; The Development of the Infant's Psyche; Psychoanalytic Psychiatry. In addition, numerous Clinical Conferences and Continuous Case Seminars are offered. A résumé of the regulations governing the admission and training of students is appended.

A joint meeting of the LOS ANGELES PSYCHOANALYTIC STUDY GROUP AND OF THE SAN FRANCISCO analysts was held in Ojai, California, on March 30-31, 1940. This was the first meeting of all the psychoanalysts of the West Coast ever held. The following papers were read: Acute Anxiety Hysteria in a Child of Two Years, B. Berliner; On Misidentification, J. Kasanin; Intellectual Resistance in Psychoanalysis, E. Windholz; Movements and Posture of the Patient during the Psychoanalytic Treatment, E. Daniels; Preliminary Report on an Attempt at Group Play Therapy, Marjorie Leonard; 'Configuration in Play' as a Phenomenon of Regression, E. Simmel. All analysts of both cities, candidates in training and a few specially invited guests attended the meetings. A discussion was held about the future of psychoanalysis in California. Dr. Simmel presented his plans for the organization of a Psychoanalytic Institute in Los Angeles, stressing the fact that the problem now was one of raising funds and stimulating interest in such an undertaking rather than extensive plans as to how the institute should operate. The meetings closed with a general discussion on 'The Importance of the Study of Ego Defense Mechanisms for Psychoanalytic Technique' following a paper on the subject read by Dr. Fenichel.

INDEX

- 'A Brief Visit with Freud', (Peck), 205-206.
- 'A Comparative Study of the Systems of Lewin and Koffka with Special Reference to Memory Phenomena', (McColl), (Rev.), 136-37.
- 'A Contribution to the Psychoanalysis of Extreme Submissiveness in Women', (Reich), 470-80.
- 'A Few Comments on "Moses and Monotheism"', (McLean), 207-13.
- 'A General Selection from the Works of Sigmund Freud', (Rickman), (Rev.), 415-16.
- 'A Visual Motor Gestalt Test and Its Clinical Use', (Bender), (Rev.), 441-42.
- Adler, Alexander, 'Guiding Human Misfits', (Rev.), (Burlingham), 128-29.
- Agnosias, and aphasias, (Schilder), 225-26.
- Agoraphobia, and narcissistic neuroses, (Cohn), 69-71.
- 'Aggression in the Rescue Fantasy', (Sterba), 505-508.
- Aggression, and masochism, (Berliner), 331-32.
- Alexander, Franz, on 'Psychoanalysis Revised', 1-36; on 'Recollections of *Berggasse 19*', 195-204; on death instinct, (Berliner), 323; 'Psychological Aspects of Medicine', (Abstr.), 576-77; 'Emotional Factors in Essential Hypertension', (Abstr.), 577; 'Psychoanalytic Study of a Case of Essential Hypertension', (Abstr.), 578.
- Alihan, Milla Aïssa, 'Social Ecology', (Rev.), (Moellenhoff), 145-46.
- Amatruda, Catherine Strunk, co-author of 'The Psychology of Early Growth', (Rev.), (Malcove), 123-27.
- 'American Medicine. Expert Testimony Out of Court', (Lape, et al.), (Rev.), 121-23.
- American Orthopsychiatric Association, meeting of, 160.
- American Psychoanalytic Association, meeting of, 159.
- Analyst, and identification, (Knight), 338-39.
- 'Analytical Study of a Cure at Lourdes', (Blanton), 348-62.
- Anthropology, Freud's influence on, (Róheim), 246-55.
- Anxiety, castration, and senility, (Grotjahn), 90-92, 97; in psychotics, (Bullard), 494 ff.; defense against, (Róheim), 527; castration, (Róheim), 535-37; and primal scene, (Róheim), 537.
- Aranda children, play analysis of, (Róheim), 536-37.
- Art, in Freud's writings, (Sterba), 256-68.
- Automatic writing, (Erickson and Kubie), 51-63.
- Baby, wish for, (Brunswick), 309-11.
- 'Bachofen-Freud: Zur Emanzipation des Mannes vom Reich der Mütter', (Turel), (Rev.), 434-37.
- Bálint, Alice, 'Liebe zur Mutter und Mutterliebe', (Abstr.), 447.
- Balken, Eva R., 'The Psychoanalytic and Psychiatric Significance of Fantasy', (Abstr.), 583.
- Barrett, William G., reviewer of Robinson, 430-32.
- Bateson, Gregory, 'Naven', (Rev.), (Bunker), 555-57.
- Beck, Samuel J., 'Personality Structure in Schizophrenia', (Rev.), (Benjamin), 134-36.
- Behavior problems, understanding and treatment of, (Healy), (Abstr.), 581.
- Behaviorism, and gestalt psychology, (Brown), 285-86, 288.
- 'Beiträge zur psychiatrischen Erblehre auf Grund von Untersuchungen an einer Inselbevölkerung', (Ström-gren), (Rev.), 140-41.
- Bender, Lauretta, 'A Visual Motor Gestalt Test and Its Clinical Use', (Rev.), (Brown), 441-42.
- Benedek, Therese, on ego cathexes, (Coriat), 391.
- Benjamin, John D., reviewer of Beck, 134-36.
- Bergler, Edmund, co-author of 'Instinct Dualism in Dreams', 394-414; on 'Four Types of Neurotic Indecisiveness', 481-92.
- Berliner, Bernhard, on 'Libido and Reality in Masochism', 322-33.
- Berman, Louis, 'New Creations in

- Human Beings', (Rev.), (Gosselin), 429.
- Bernadette Soubirous, (Blanton), 348.
- Bernheim, Bertram M., 'Medicine at the Crossroads', (Rev.), (Eisenbud), 132-34.
- Biology, versus sociology, (Alexander), 5 ff.
- Blackstone, on law, (Westwick), 271.
- Blanton, Smiley, on 'Analytical Study of a Cure at Lourdes', 348-62.
- Bleuler, Eugen, and psychoanalysis, (Schilder), 216 ff.; on thinking, (Coriat), 386.
- Blumel, C. S., 'The Troubled Mind', (Rev.), (Millet), 137-39.
- Boas, Franz, 'The Mind of Primitive Man', (Rev.), (Zilboorg), 443.
- Bodenheimer, F. S., 'Problems of Animal Ecology', (Rev.), (Moellenhoff), 146-47.
- Bonnell, John Sutherland, 'Pastoral Psychiatry', (Rev.), (Peck), 147-53.
- Boston Psychoanalytic Institute, Freud Fellowship, 589.
- Bowlby, John, co-author of 'Personal Aggressiveness and War', (Rev.), (Lowenfeld), 550-55.
- Bradley, John Hodgdon, 'Patterns of Survival', (Rev.), (Klein), 130-32.
- Brill, A. A., on 'Reminiscences of Freud', 177-83; 'The Introduction and Development of Freud's Work in the United States', (Abstr.), 579.
- Brown, J. F., reviewer of McColl, 136-37; on 'Freud's Influence on American Psychology', 283-92; reviewer of Bender, 441-42.
- Brunswick, Ruth Mack, on 'The Prædipal Phase of the Libido Development', 293-319.
- Buehler, Charlotte, 'The Child and His Family', (Rev.), (Leonard), 562-65.
- Bullard, Dexter M., on 'Experiences in the Psychoanalytic Treatment of Psychotics', 493-504.
- Bunker, Henry Alden, translator of Deutsch, 184-94; reviewer of Bateson, 555-57.
- Burgess, Ernest W., 'The Influence of Sigmund Freud upon Sociology in the United States', (Abstr.), 581.
- Burke, Kenneth, 'Freud—and the Analysis of Poetry', (Abstr.), 581.
- Burlingham, Dorothy, reviewer of Adler, 128-29.
- Buros, Oscar Krisen, editor of 'The 1938 Mental Measurements Yearbook', (Rev.), (Dunn), 141-43.
- Buxbaum, Edith, reviewer of Cattell, 139-40.
- Campion, George G., and Smith, Grafton E., on neural basis of thought, (Coriat), 386.
- Capitalist, as father surrogate, (Sterba), 374.
- Cardoza, Justice, on penal system, (Westwick), 271.
- Case histories, in psychiatry, (Preu), (Rev.), 420-22.
- Castration, symbolic, of father, (Sterba), 376.
- Castration anxiety, see Anxiety.
- Castration complex, and œdipus complex, (Brunswick), 294 ff.
- Castration fear, see Fear.
- Cattell, Raymond B., 'Crooked Personalities in Childhood and After', (Rev.), (Buxbaum), 139-40.
- Cerebral cortex, and the ego, (Coriat), 380 ff.
- Character, and the unconscious, (Horney), (Rev.), 116.
- 'Clinical Studies in Psychopathology', (Dicks), (Rev.), 425-26.
- Cohn, Franz S., on 'Practical Approach to the Problem of Narcissistic Neuroses', 64-79.
- Coitus, parental, (Brunswick), 308-309.
- Committee for the Study of Suicide, report of, 160-61.
- Construction, in analysis, psychotherapeutic value of, (Katan), (Abstr.), 450.
- Coriat, Isador H., on 'The Structure of the Ego', 380-93.
- Corporal punishment, (Westwick), 273-74, 276.
- 'Criminology and Psychoanalysis', (Westwick), 269-82.
- 'Crooked Personalities in Childhood and After', (Cattell), (Rev.), 139-40.
- Culture, versus libido, (Alexander), 5 ff; and religion, (Róheim), 250-54; Marquesan, (Róheim), 528, 544; ontogenetic theory of, (Róheim), 530; Trobriand, and œdipus complex, (Róheim), 540-41, 543; Iatmul, (Bateson), (Rev.), 555-57.
- Cultural versus environmental influences, (Alexander), 21-24.
- Current Psychoanalytic Literature, 157-58.
- Dalrymple, Leolia A., reviewer of Hutton, 432-33.
- Daniels, George E., reviewer of Dunbar, 418-19.

- Daydreaming, and artistic production, (Sterba), 258 ff.
- Day's residue, (Jekels and Bergler), 408-409.
- Death instinct, see Instinct.
- Defense mechanism, and death instinct, (Pfeiffer), 108-13.
- De Francesco, Grete, 'The Power of the Charlatan', (Rev.), (Mohr), 565-68.
- Depersonalization, the sense of reality in, (Oberndorf), (Abstr.), 575.
- Depression, constitutional, and neurasthenia, (Montassut), (Rev.), 422-24.
- Deutsch, Helene, on 'Freud and His Pupils', 184-94; on the sensation of ecstasy, (Reich), 475.
- De Voto, Bernard, on 'Freud in American Literature', 236-45.
- Dicks, Henry V., 'Clinical Studies in Psychopathology', (Rev.), (Eisler), 425-26.
- 'Die Gesetze des Normalen Traumes', (Leonhard), (Rev.), 127-28.
- Dollard, John, 'The Dozens: Dialectic of Insult', (Abstr.), 582-83.
- 'Dream Analysis', (Sharpe), (Rev.), 416-18.
- Dreams, and wish fulfilment, (Jekels and Bergler), 401, 405 ff.; of failure (Jekels and Bergler), 409-10; erotic and thanatotic, (Jekels and Bergler), 411-13; significance of early, (Saul), 453 ff.; and urticaria, (Saul), 467.
- 'Drei Vorträge über Philosophie und Parapsychologie', (Poortman), (Rev.), 574.
- Du and Sie*, psychological significance of, (Silverberg), 509-25.
- Dunbar, H. Flanders, 'Emotions and Bodily Changes', (Rev.), (Daniels), 418-19.
- Dunham, H. Warren, co-author of 'Mental Disorders in Urban Areas', (Rev.), (Kardiner), 561-62.
- Dunn, Michael B., reviewer of 'The 1938 Mental Measurements Yearbook', 141-43.
- Dunn, William H., reviewer of Mike-sell, 558-59.
- Durbin, E. F. M., co-author of 'Personal Aggressiveness and War', (Rev.), (Lowenfeld), 550-55.
- Economo and Pötl, on sleep, (Jekels and Bergler), 395, 397.
- Ego, and identification, (Sterba), 371-72; structure of, (Coriat), 380-93; and the cerebral cortex, (Coriat), 380 ff.; in the newborn child, (Coriat), 387; and the id, (Coriat), 388 ff.; functions of the, (Coriat), 388 ff.; and the thalamus, (Coriat), 392; strength and ego weakness, (Nunberg), (Abstr.), 447-48.
- Ego-Id, and *Du* personality, (Silverberg), 511.
- Ego ideal, (Jekels and Bergler), 403 ff.
- Ego instinct, and sexuality, (Alexander), 29-30.
- Ego psychology, and adjustment, (Hartmann), (Abstr.), 444-47.
- Ego-Superego, and *Sie* personality, (Silverberg), 511.
- Eisenbud, Jule, reviewer of McGregor, 129-30; reviewer of Bernheim, 132-34.
- Eisenson, Jon, 'The Psychology of Speech', (Rev.), (Glauber), 568-72.
- Eisler, Edwin R., reviewer of Dicks, 425-26.
- Ellis, Havelock, 'Freud's Influence on Changed Attitude Toward Sex', (Abstr.), 582.
- Emergency Committee on Relief and Immigration, report of, 451.
- Emotional problems, actual situation versus childhood situation in, (Alexander), 11-19.
- 'Emotions and Bodily Changes', (Dunbar), (Rev.), 418-19.
- Ennever, W. J., 'Your Mind and How to Use It', (Rev.), (Frank), 144-45.
- Epilepsy, phantom formation in, (Wittels), 98-107; and homosexual fantasy, (Wittels), 102-103; psychotherapy in, (Wittels), 107.
- Erickson, Milton H., on 'The Translation of the Cryptic Automatic Writing of One Hypnotic Subject by Another in a Trance-like Dissociated State', 51-63.
- Eros, and death instinct, (Alexander), 30; and death, (Jekels and Bergler), 394, 401; and sleep, (Jekels and Bergler), 401; and thanatos, (Jekels and Bergler), 403.
- 'Experiences in the Psychoanalytic Treatment of Psychotics', (Bullard), 493-504.
- Fantasy, homosexual, and epilepsy, (Wittels), 102-103; rescue, aggression in, (Sterba), 505-508; female penis, in male character formation, (Lorand), (Abstr.), 576; psychoanalytic and psychiatric significance of, (Masserman and Balken), (Abstr.), 583.

- Faris, Robert E. L., co-author of 'Mental Disorders in Urban Areas', (Rev.), (Kardiner), 561-62.
- Father surrogate, analyst as, (Sterba), 367, 374; capitalist as, (Sterba), 374.
- Fear, and frustration, (Alexander), 19-21; castration, displaced to oral zone, (Sterba), 367; infantile, during transference, (Sterba), 367; castration, (Silverberg), 513, 514, 524-25.
- Federn, Paul, on ego cathexis, (Coriat), 383, 386.
- Fenichel, Otto, reviewer of Horney, 114-21; on death instinct, (Berliner), 322-23; '*Zur Ökonomik der Pseudologia phantastica*', (Abstr.), 444; on the 'phallic girl', (Reich), 479-80.
- Ferenczi, Sandor, on infantile memories, (Alexander), 4; on a sense of reality, (Coriat), 387.
- Fetishist, ego development of, (Payne), (Abstr.), 575.
- Fletcher, Peter, 'Life Without Fear', (Rev.), (Peck), 147-53.
- Formulation, of psychoanalytic cases and early dreams, (Saul), 453-69.
- 'Four Types of Neurotic Indecisiveness', (Bergler), 481-92.
- Frank, Richard L., reviewer of Var-num, 144; reviewer of Ennever, 144-45.
- Frazer, Sir James G., on link between name and person, (Silverberg), 512-13.
- 'Free will' and corporal punishment, (Westwick), 273-74.
- Freud, Anna, on identification, (Thompson), 37; on the ego and mechanisms of defense, (Coriat), 380.
- 'Freud and Cultural Anthropology', (Róheim), 246-55.
- 'Freud in American Literature', (De Voto), 236-45.
- 'Freud's Influence on Psychiatry in America', (Myers), 229-35.
- 'Freud's Influence on American Psychology', (Brown), 283-92.
- 'Freud, Sigmund: The Man and His Work', (Simmel), 163-76.
- Freud, Sigmund, on anxiety, (Alexander), 19; on resistance to psychoanalysis, (Horney), (Rev.), 114; eulogy of, (Simmel), 163-76; (Brill), 177-83; (Deutsch), 184-94; (Alexander), 195-204; as a Jew, (Simmel), 167-68; (McLean), 208, 210-12; biographical sketch of, (Simmel), 167-73; and his pupils, (Deutsch), 184-94; 'Moses and Monotheism', (McLean), 207-13; and neurology, (Jelliffe), 214-15; and psychiatry, (Schilder), 218-28; (Jelliffe), (Abstr.), 579; on cultural anthropology, (Róheim), 246-55; and art, (Sterba), 256-68; on criminology and delinquency, (Westwick), 270 ff.; on masochism, (Berliner), 322-23; on melancholia, (Kasanin), 342; on death instinct, (Blanton), 359; (Jekels and Bergler), 394; on the origin of the transference resistance, (Sterba), 363-64; on infantile fear, (Sterba), 368; on 'working through', (Sterba), 377; on transference resistance, (Sterba), 378-79; on the structure of the ego, (Coriat), 383-84; on the activity of the ego, (Coriat), 388-89; on analysis and the ego, (Coriat), 392; on the psychological and biological, (Jekels and Bergler), 395; on sleep, (Jekels and Bergler), 396; on The Dream of Irma's Injection, (Jekels and Bergler), 405-407; on day's residue, (Jekels and Bergler), 408-409; a selection from the works of, (Rickman), (Rev.), 415-16; and Bachofen, (Turel), (Rev.), 434-37; and Marx, (Osborn), (Rev.), 442-43; on obsessional neuroses, (Bergler), 481-82; on indecisiveness of Hamlet, (Bergler), 482; on rescue fantasy, (Sterba), 505; on the primal horde, (Silverberg), 521-22; introduction and development of his work in the United States, (Brill), (Abstr.), 579; and the analysis of poetry, (Burke), (Abstr.), 581; influence of, upon sociology in the United States, (Burgess), (Abstr.), 581.
- Fromm-Reichmann, Frieda, on transference reactions in schizophrenia, (Bullard), 494.
- Frustration, and fear, (Alexander), 19-21.
- Fuchs, S. H., on introjection, (Knight), 334.
- Fulton, J. F., on the cortex, (Coriat), 385-86.
- George, William H., 'The Scientist in Action', (Rev.), (Saul), 440-41.
- Gesell, Arnold, co-author of 'The Psychology of Early Growth', (Rev.), (Malcove), 123-27.
- Gestalt psychology, (Bender), (Rev.), 441-42; and behaviorism, (Brown), 285-86, 288.
- Geyer, Horst, '*Zur Ätiologie der mon-*

- goloiden Idiotie*', (Rev.), (Grotjahn), 424-25.
- Glauber, I. Peter, reviewer of Eisen-son, 568-72.
- Goethe, on sleep and death, (Jekels and Bergler), 400.
- Goldman, George S., reviewer of Roberts, 427-29.
- Gosselin, Raymond, reviewer of Ber-
man, 429.
- Graber, G. Hans, on sleep and death, (Jekels and Bergler), 399 n.
- Grotjahn, Martin, on 'Psychoanalytic Investigation of a Seventy-One-Year-Old Man with Senile Dementia', 80-97; reviewer of Strömberg, 140-41; reviewer of Geyer, 424-25; reviewer of Rylander, 429-30; reviewer of Turel, 434-37; reviewer of Poort-
man, 574.
- 'Guiding Human Misfits', (Adler), (Rev.), 128-29.
- Guilt feelings, and indecisiveness, (Bergler), 485-88.
- Gutmann, James, reviewer of Mauge, 442.
- Hartmann, Heinz, '*Ich-Psychologie und Anpassungsproblem*', (Abstr.), 444-47.
- Healy, William, 'Psychoanalytic Contributions to the Understanding and Treatment of Behavior Problems', (Abstr.), 581.
- Herold, Carl M., reviewer of von Andics, 433-34.
- Hippocratic Oath, a new interpreta-
tion of, (Abstr.), 582.
- Homosexual fantasy, see Fantasy.
- Horney, Karen, 'New Ways in Psycho-
analysis', (Rev.), (Fenichel), 114-21; 'What Is a Neurosis?', (Abstr.), 580.
- Hostility, to analyst, (Sterba), 366-67; to father, (Sterba), 367, 370.
- Humiliation, in submissive women, (Reich), 473.
- Hutton, Laura, 'The Single Woman and Her Emotional Problems', (Rev.), (Dalrymple), 432-33.
- Hypertension, cases of essential, (Saul), 455 ff.; and dreams, (Saul), 467-68; emotional factors in essential, (Alex-
ander), (Abstr.), 577; hostility in essential, (Saul), (Abstr.), 577; psy-
choanalytic study of a case of essen-
tial, (Alexander), (Abstr.), 578; pathogenesis and treatment of, (Weiss), (Abstr.), 578-79.
- Id, and the ego, (Coriat), 388, 389, 391, 393.
- Id wishes, and superego, (Jekels and Bergler), 405.
- 'Identification With the Enemy and Loss of the Sense of Self', (Thomp-
son), 37-50.
- Identification, through fear, (Thomp-
son), 38-50; by imitation, (Thomp-
son), 38; in psychotics, (Thompson), 39-44; in schizoid personalities, (Thompson), 44-50; with mother in early childhood, (Brunswick), 300-301; definition of, (Knight), 335; and the analyst, (Knight), 338-39; (Sterba), 371-72; and interpersonal relationships, (Knight), 339-40; and self-regard, (Knight), 340-41; and the ego, (Sterba), 371.
- Imitation, and identification, (Thomp-
son), 38.
- Impotence, and narcissistic neuroses, (Cohn), 71.
- Indecisiveness, neurotic, (Bergler), 481-92; and a magic gesture, (Bergler), 483-85; and guilt feelings, (Bergler), 485-88; and retrospective enthusi-
asm, (Bergler), 488-89.
- Individual, and institutions, (Róheim), 526 ff.
- Infant behavior, (Gesell, Thompson and Amatruda), 123-27.
- 'Instinct Dualism in Dreams', (Jekels and Bergler), 394-414.
- Instinct, death, (Pfeiffer), 108 ff.; (Blanton), 359-62; death, and sleep, (Jekels and Bergler), 398-401.
- Institutions, and individuals, (Ró-
heim), 526 ff.
- Insult, dialectic of, (Dollard), (Abstr.), 582-83.
- Interpretation, criteria of, (Waelder), (Abstr.), 448; (Isaacs), (Abstr.), 576.
- 'Introjection, Projection and Identi-
fication', (Knight), 334-41.
- Introjection, definition of, (Knight), 334.
- Isaacs, Susan, 'Criteria for Interpreta-
tion', (Abstr.), 576.
- Jackson, Margaret Nelson, associate author of 'The Troubled Mind', (Rev.), (Goldman), 427-29.
- Jacob, Gertrud, in memoriam, (Fromm-Reichmann), 546-48.
- Jekels, Ludwig, co-author of 'Instinct Dualism in Dreams', 394-414.
- Jelliffe, Smith Ely, reviewer of Lape, et al., 121-23; on 'The Influence of Psychoanalysis on Neurology', 214-15; 'Sigmund Freud and Psychiatry, a Partial Appraisal', (Abstr.), 579.

- Joyce, James, and psychoanalytic literature, (De Voto), 239-41.
- Jung, Carl G., and psychoanalysis, (Schilder), 216.
- Kamiat, Arnold H., 'Social Forces in Personality Stunting', (Rev.), (Thompson), 572.
- Kant, Emanuel, on sleep, (Jekels and Bergler), 402.
- Kappers, C. W. A., on development of the neocortex, (Coriat), 381-82, 387.
- Kardiner, A., on 'The Individual and His Society', (Róheim), 526 ff.; reviewer of Faris and Dunham, 561-62.
- Kasanin, J., 'On Misidentification', 342-47; reviewer of Preu, 420-22.
- Katan, M., '*Der psychotherapeutische Wert der Konstruktionen in der Analyse*', (Abstr.), 450.
- Kaufman, M. Ralph, reviewer of Sharpe, 416-18.
- Klein, Melanie, on psychoanalysis of children, (Alexander), 21.
- Klein, Sidney, reviewer of Bradley, 130-32.
- Knight, Robert P., on 'Introjection, Projection and Identification', 334-41.
- Kris, Ernst, '*Das Lachen als mimischer Vorgang*', (Abstr.), 449.
- Kroeber, A. L., 'Totem and Taboo in Retrospect', (Abstr.), 582.
- Kubie, Lawrence S., on 'The Translation of the Cryptic Automatic Writing of One Hypnotic Subject by Another in a Trance-like Dissociated State', 51-63.
- '*La Dépression Constitutionnelle*', (Montassut), (Rev.), 422-24.
- Language customs, (Silverberg), 509-25; in royal courts, (Silverberg), 519-24.
- Lape, Esther, et al., 'American Medicine. Expert Testimony Out of Court', (Rev.), (Jelliffe), 121-23.
- Lasswell, Harold D., 'The Contribution of Freud's Insight Interview to the Social Sciences', (Abstr.), 581.
- Laughter, as mimicry, (Kris), (Abstr.), 449.
- Leonard, Marjorie R., reviewer of Buehler, 562-65.
- Leonhard, K., '*Die Gesetze des normalen Traumes*', (Rev.), (Sterba), 127-28.
- '*L'Esprit et le Réel dans les Limites du Nombre et de la Grandeur*', (Maugé), (Rev.), 442.
- Lessing, on sleep and death, (Jekels and Bergler), 400.
- Libidinal phases, active - passive, (Brunswick), 298 ff.; phallic-castrated, (Brunswick), 299 ff.; masculine-feminine, (Brunswick), 303-304.
- 'Libido and Reality in Masochism', (Berliner), 322-33.
- Libido, versus culture, (Alexander), 5 ff.; as a defense against anxiety, (Pfeiffer), 109-10; theory, (Róheim), 527.
- 'Life Without Fear', (Fletcher), (Rev.), 147-53.
- Literature, American, Freud's influence on, (De Voto), 236-45.
- Loeb, Jacques, on mechanisms of psychic phenomena, (Coriat), 380-81.
- Lorand, Sandor, 'Rôle of the Female Penis Fantasy in Male Character Formation', (Abstr.), 576.
- Los Angeles Psychoanalytic Study Group, meeting of, 589.
- Love, need for, and masochism, (Berliner), 323 ff.; for mother and mother love, (Bálint), (Abstr.), 447.
- Loveland, Ruth, reviewer of Ralph, 557-58.
- Lowenfeld, Henry, reviewer of Durbin and Bowlby, 550-55.
- Magic gesture, and indecisiveness, (Bergler), 483-85.
- Malcove, Lillian, reviewer of Gesell, Thompson and Amatruda, 123-27; reviewer of Rogers, 559-61.
- Male and female, sexual development, (Brunswick), 294 ff.
- Malinowski, Bronislaw, on anthropological data, (Róheim), 542-43.
- Marx, and Freud, (Osborn), (Rev.), 442-43.
- Masserman, Jules H., 'The Psychoanalytic and Psychiatric Significance of Fantasy', (Abstr.), 583.
- Masochism, libido and reality in, (Berliner), 322-33; and need for love, (Berliner), 323 ff.; and need for punishment, (Berliner), 328; and suicide, (Berliner), 329; and aggression, (Berliner), 331-32.
- Masturbation, and the paragenital zones, (Cohn), 71-73; phallic, of little girl, (Brunswick), 311-13; and death of father, (Sterba), 373-74; infantile, (Sterba), 378.
- Maternal domination, rebellion against, (Saul), 455-62.

- Matriarchy, versus patriarchy, (Turel), (Rev.), 434-37.
- Maugé, Francis, '*L'Esprit et le Réel dans les Limites du Nombre et de la Grandeur*', (Rev.), (Gutmann), 442.
- McColl, Sylvia Hazleton, 'A Comparative Study of the Systems of Lewin and Koffka with Special Reference to Memory Phenomena', (Rev.), (Brown), 136-37.
- McGregor, H. G., 'The Emotional Factor in Visceral Disease', (Rev.), (Eisenbud), 129-30.
- McLean, Helen V., on 'Moses and Monotheism', 207-13.
- 'Medicine at the Crossroads', (Bernheim), (Rev.), 132-34.
- Medicine, psychological aspects of, (Alexander), (Abstr.), 576-77.
- 'Mental Disorders in Urban Areas', (Faris and Dunham), (Rev.), 561-62.
- 'Mental Hygiene', (Mikesell), (Rev.), 558-59.
- Meyer, Adolf, influence on psychiatry, (Myers), 230-31.
- Mikesell, William Henry, 'Mental Hygiene', (Rev.), (Dunn), 558-59.
- Miller, Milton, 'Blood Pressure Findings in Relation to Inhibited Aggressions in Psychotics', (Abstr.), 579.
- Millet, John A. P., reviewer of Bluemel, 137-39.
- Misidentification, a clinical note on, (Kasanin), 342-47.
- Moellenhoff, Fritz, reviewer of Alihan, 145-46; reviewer of Bodenheimer, 146-47.
- Mohr, George J., reviewer of de Francesco, 565-68.
- Montassut, M., '*La Dépression Constitutionnelle*', (Rev.), (Wittels), 422-24.
- Moore, Merrill, reviewer of Valentine, 154-56; reviewer of Stuart, 154-56.
- 'Moses and Monotheism', comments on, (McLean), 207-13.
- Moses, of Michelangelo, (McLean), 207-208.
- Mother-child relationship, (Brunswick), 304-307, 314-16.
- Mother worship, (Blanton), 359-62.
- Myers, Glenn, on 'Freud's Influence on Psychiatry in America', 229-35.
- Myths, and folklore, (Róheim), 540.
- Name, and penis symbol, (Silverberg), 513, 518; taboo, (Silverberg), 513-19.
- Narcissism, and senility, (Grotjahn), 97; and the submissive woman, (Reich), 472; female, with anal components, (Squires), (Abstr.), 583-84.
- National Committee for Mental Hygiene, 451.
- 'Naven', (Bateson), (Rev.), 555-57.
- Neo-Adlerians, (Wittels), (Abstr.), 580.
- Neurasthenia, and constitutional depression, (Montassut), (Rev.), 422-24.
- Neurology, influence of psychoanalysis on, (Jelliffe), 214-15.
- Neuroses, narcissistic, (Cohn), 64-79; and agoraphobia (Cohn), 69-71; and impotence, (Cohn), 71; oral, and pseudo indecisiveness, (Bergler), 489-92.
- Neurosis, definition of, (Horney), (Abstr.), 580.
- 'New Creations in Human Beings', (Berman), (Rev.), 429.
- 'New Horizons for the Family', (Sait), (Rev.), 573-74.
- New York Psychoanalytic Institute, activities of, 159-60; courses of, 589.
- Nunberg, Hermann, on synthetic function of the ego, (Coriat), 388; '*Ichstärke und Ichschwäche*', (Abstr.), 447-48.
- Oberndorf, C. P., 'On Returning the Sense of Reality in States of Depersonalization', (Abstr.), 575.
- Object relationship, in submissive women, (Reich), 477-80.
- Objectivity, of analyst, (Sterba), 376.
- Oedipus complex, (Róheim), 533 ff.; and castration complex, (Brunswick), 294 ff.; passive, (Brunswick), 299 ff.
- Omnipotence, magical, of the infant, (Róheim), 527.
- 'On a Form of Defense', (Pfeiffer), 108-13.
- 'On Misidentification: A Clinical Note', (Kasanin), 342-47.
- 'On the Psychological Significance of *Du* and *Sie*', (Silverberg), 509-25.
- Oral neuroses, see Neuroses.
- Orgel, Samuel Z., reviewer of Taylor, 437-39.
- Osborn, Reuben, 'Freud and Marx, a Dialectical Study', (Rev.), (Zilboorg), 442-43.
- 'Outline on Psychiatric Case-Study', (Preu), (Rev.), 420-22.
- Passivity in submissive women, (Reich), 474-75.
- 'Pastoral Psychiatry', (Bonnell), (Rev.), 147-53.

- Patriarchy, versus matriarchy, (Turel), (Rev.), 434-37.
- 'Patterns of Survival', (Bradley), (Rev.), 130-32.
- Payne, S. M., 'Some Observations on the Ego Development of the Fetishist', (Abstr.), 575.
- Peck, Martin, W., reviewer of Fletcher, 147-53; reviewer of Bonnell, 147-53; on 'A Brief Visit with Freud', 205-206; in memoriam, 321.
- Penis, wish for, (Brunswick), 309-311.
- Penis envy, in the submissive woman, (Reich), 476.
- Penis symbol, and name, (Silverberg), 513.
- 'Personal Aggressiveness and War', (Durbin and Bowly), (Rev.), 550-55.
- 'Personality Changes After Operations of the Frontal Lobes', (Rylander), (Rev.), 429-30.
- 'Personality Structure in Schizophrenia', (Beck), (Rev.), 134-36.
- Personality structure, basic, (Róheim), 527 ff.
- Perversions, (Alexander), 30-31.
- Petit mal*, see Epilepsy.
- Pfeiffer, Sigmund, 'On a Form of Defense', 108-13.
- Phallic mother, (Brunswick), 304.
- 'Phantom Formation in a Case of Epilepsy', (Wittels), 98-107.
- Photography, trick, (Grotjahn), 81, 88, 91-92.
- Play analysis, with Aranda children, (Róheim), 536-37.
- Pleasure, unconscious, in indecision, (Bergler), 482.
- Pleasure principle, in art, (Sterba), 265-68.
- Poortman, Johannes J., '*Drei Vorträge über Philosophie und Parapsychologie*', (Rev.), (Grotjahn), 574.
- Potency, sexual, (Grotjahn), 87, 93-96.
- 'Power', (Russell), (Rev.), 439-40.
- 'Practical Approach to the Problem of Narcissistic Neuroses', (Cohn), 64-79.
- Pre-œdipal phase, and neurosis, (Brunswick), 293 ff.; time relations of, (Brunswick), 296 ff.
- Preu, Paul W., 'Outline of Psychiatric Case-Study', (Rev.), (Kasanin), 420-22.
- Primal horde, (Róheim), 247; and œdipus complex, (Róheim), 534, 540.
- Primal scene, and anxiety, (Róheim), 537.
- 'Problems of Animal Ecology', (Bodenheimer), (Rev.), 146-47.
- Projection, definition of, (Knight), 334-35.
- Pseudologica phantastica, economic function of, (Fenichel), (Abstr.), 444.
- Psychiatry, and religion, (Fletcher and Bonnell), (Rev.), 147-53; influence of psychoanalysis on, (Schilder), 216-28; in America, Freud's influence on, (Myers), 229-35.
- 'Psychoanalysis Revised', (Alexander), 1-36.
- Psychoanalytic cases, formulation of, and dreams, (Saul), 453 ff.
- 'Psychoanalytic Investigation of a Seventy-One-Year-Old Man with Senile Dementia', (Grotjahn), 80-97.
- 'Psychological Aspects of War and Peace', (Waelder), (Rev.), 549-50.
- Psychology, and religion, (Valentine and Stuart), (Rev.), 154-56; American, Freud's influence on, (Brown), 283-92.
- 'Psychology in Everyday Life', (Varnum), (Rev.), 144.
- Psychosis, manic-depressive, (Schilder), 223 ff.; classification of, (Schilder), 226-28; (Myers), 234.
- Psychotics, psychoanalytic treatment of, (Bullard), 493-504; inaccessibility of, (Bullard), 493-94; blood pressure findings in relation to inhibited aggression in, (Miller), (Abstr.), 579.
- Punishment, need for, and masochism, (Berliner), 328.
- Rado, Sander, on the riddance principle, (Róheim), 532.
- Ralph, Joseph, 'Self-Analysis Made Simple', (Rev.), (Loveland), 557-58.
- Rank, Otto, on infantile memories, (Alexander), 4.
- Reality, in art, (Sterba), 265-67.
- 'Recollections of Berggasse 19', (Alexander), 195-204.
- Reich, Annie, on 'A Contribution to the Psychoanalysis of Extreme Submissiveness in Women', 470-80.
- Reich, Joseph P., 'A Case of Psychoanalytic Self-Observation', (Abstr.), 584-85.
- Reich, Wilhelm, on death instinct, (Berliner), 323; (Jekels and Bergler), 394, 398.
- Religion, and psychiatry, (Fletcher and Bonnell), (Rev.), 147-53; and psychology, (Valentine and Stuart), (Rev.), 154-56; and culture (Róheim), 250-54.
- 'Reminiscences of Freud', (Brill), 177-83.
- Repetition compulsion, (Alexander), 14-19.
- Rescue fantasy, see Fantasy.

- Ribble, Margarethe A., reviewer of Sait, 573-74.
- Rickman, John, editor of 'A General Selection from the Works of Sigmund Freud', (Rev.), (Saul), 415-16.
- Roberts, Harry, 'The Troubled Mind', (Rev.), (Goldman), 427-29.
- Robinson, G. Canby, 'The Patient as a Person', (Rev.), (Barrett), 430-32.
- Rogers, Carl R., 'The Clinical Treatment of the Problem Child', (Rev.), (Malcove), 559-61.
- Róheim, Géza, on 'Freud and Cultural Anthropology', 246-55; on 'Society and the Individual', 526-45.
- Rorschach test, (Beck), (Rev.), 134-36.
- Rosett, Joshua, on synthetic function of the ego, (Coriat), 387.
- Russell, Bertrand, 'Power', (Rev.), (Saul), 439-40.
- Rylander, Gösta, 'Personality Changes After Operations of the Frontal Lobes', (Rev.), (Grotjahn), 429-30.
- Sachs, Hanns, on mechanisms of literary creation, (Silverberg), 521 n.
- Sait, Una Bernard, 'New Horizons for the Family', (Rev.), (Ribble), 573-74.
- Sakel, Manfred, 'The Pharmacological Shock Treatment of Schizophrenia', (Rev.), (Zilboorg), 419-20.
- Saul, Leon J., reviewer of 'A General Selection from the Works of Sigmund Freud', 415-16; reviewer of Russell, 439-40; reviewer of George, 440-41; on 'Utilization of Early Current Dreams in Formulating Psychoanalytic Cases', 453-69; 'Hostility in Cases of Essential Hypertension', (Abstr.), 577.
- Schilder, Paul, on 'The Influence of Psychoanalysis on Psychiatry', 216-28.
- Schizophrenia, regression in, (Schilder), 221 ff.
- Schopenhauer, on sleep and death, (Jekels and Bergler), 400-401.
- 'Self-Analysis Made Simple', (Ralph), (Rev.), 557-58.
- Self-observation, psychoanalytic, (Reich), (Abstr.), 584-85.
- Self-regard, and identification, (Knight), 340-41.
- Senile dementia, psychoanalytic investigation of, (Grotjahn), 80-97.
- Sex, Freud's influence on changed attitude towards, (Ellis), (Abstr.), 582.
- Sexual development, of male and female, (Brunswick), 294 ff.
- Sexual intercourse, overvaluation of, (Reich), 471 ff.
- Sexuality, and emotional tension, (Alexander), 30-32; and perversions, (Alexander), 30-31.
- Sharpe, Ella Freeman, 'Dream Analysis', (Rev.), (Kaufman), 416-18.
- Sherrington, Charles, on the brain and its mechanism, (Coriat), 385.
- Shock therapy, review of papers on, (Abstr.), 585-88.
- Sie* and *Du*, psychological significance of, (Silverberg), 509-25.
- Silverberg, William V., 'On the Psychological Significance of *Du* and *Sie*', 509-25; reviewer of Waelder, 549-50.
- Simmel, Ernst, on 'Sigmund Freud: The Man and His Work', 163-76.
- Sleep, physiology of, (Jekels and Bergler), 395; and the death instinct, (Jekels and Bergler), 398-401; and eros, (Jekels and Bergler), 401.
- 'Social Ecology. A Critical Analysis', (Alihan), (Rev.), 145-46.
- 'Social Forces in Personality Stunting', (Kamiat), (Rev.), 572.
- Social sciences, Freud's insight interview to the, (Lasswell), (Abstr.), 581.
- 'Society and the Individual', (Róheim), 526-45.
- Sociology, versus biology, (Alexander), 5 ff.; and the psychoanalytic method, (Zilboorg), (Abstr.), 580.
- Speech, the psychology of, (Eisenson), (Rev.), 568-72.
- Sperber, Hans, on the history of the German language, (Silverberg), 519.
- Squires, Paul C., 'A Case of Female Narcissism with Anal Components', (Abstr.), 583-84.
- Sterba, Richard, reviewer of Leonhard, 127-28; on 'The Problem of Art in Freud's Writings', 256-68; on 'The Dynamics of the Dissolution of the Transference Resistance', 363-79; on 'Aggression in the Rescue Fantasy', 505-508.
- Strömngren, Erik, on the study of heredity in psychiatry, (Rev.), (Grotjahn), 140-41.
- Stuart, Grace, 'The Achievement of Personality', (Rev.), (Moore), 154-56.
- Submissiveness in women, (Reich), 470-80; and narcissism, (Reich), 472; and humiliations, (Reich), 473.
- Suckling fantasy, in children, (Brunswick), 307-308.
- Suicide, and masochism, (Berliner), 329; factors in, (von Andics), (Rev.), 433-34.
- Taboo customs, (Róheim), 246 ff.
- Tanala society, (Róheim), 528, 544.

- Taylor, F. Sherwood, 'The March of Mind', (Rev.), (Orgel), 437-39.
- Tension, emotional, and sexuality, (Alexander), 30-32.
- Thalamus, and the ego, (Coriat), 392.
- Thanatos, see Death Instinct.
- 'The Achievement of Personality', (Stuart), (Rev.), 154-56.
- 'The Child and His Family', (Buehler), (Rev.), 562-65.
- 'The Clinical Treatment of the Problem Child', (Rogers), (Rev.), 559-61.
- 'The Dynamics of the Dissolution of the Transference Resistance', (Sterba), 363-79.
- 'The Emotional Factor in Visceral Disease', (McGregor), (Rev.), 129-30.
- 'The Influence of Psychoanalysis on Neurology', (Jelliffe), 214-15.
- 'The Influence of Psychoanalysis on Psychiatry', (Schilder), 216-28.
- 'The March of Mind', (Taylor), (Rev.), 437-39.
- 'The Mind of Primitive Man', (Boas), (Rev.), 443.
- 'The Patient as a Person', (Robinson), (Rev.), 430-32.
- 'The Pharmacological Shock Treatment of Schizophrenia', (Sakel), (Rev.), 419-20.
- 'The Power of the Charlatan', (de Francesco), (Rev.), 565-68.
- 'The Prædipal Phase of the Libido Development', (Brunswick), 293-319.
- 'The Problem of Art in Freud's Writings', (Sterba), 256-68.
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- 'The Psychology of Speech', (Eisenson), (Rev.), 568-72.
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- 'The Structure of the Ego', (Coriat), 380-93.
- 'The Translation of the Cryptic Automatic Writing of One Hypnotic Subject by Another in a Trance-like Dissociated State', (Erickson and Kubie), 51-63.
- 'The Treatment of Moral and Emotional Difficulties', (Valentine), (Rev.), 154-56.
- 'The Troubled Mind', (Bluemel), (Rev.), 137-39.
- 'The Troubled Mind', (Roberts and Jackson), (Rev.), 427-29.
- 'The 1938 Mental Measurements Yearbook', (Buros), (Rev.), 141-43.
- Thompson, Clara, on 'Identification With the Enemy and Loss of the Sense of Self', 37-50; reviewer of Kamiat, 572.
- Thompson, Helen, co-author of 'The Psychology of Early Growth', (Rev.), (Malcove), 123-27.
- Totem and Taboo, in retrospect, (Kroeber), (Abstr.), 582.
- Transference, in cures, (Blanton), 359-62.
- Transference resistance, dissolution of, (Sterba), 363-79; development of, (Sterba), 363 ff.
- Tridon, André, and psychoanalytic literature, (De Voto), 238-39.
- Turel, Adrien, '*Bachofen-Freud: Zur Emanzipation des Mannes vom Reich der Mütter*', (Rev.), (Grotjahn), 434-37.
- Über Sinn und Sinnlosigkeit des Lebens*, (von Andics), (Rev.), 433-34.
- Unconscious, and criminology, (Westwick), 275 ff.
- Urhorde, and language customs, (Silverberg), 521-22.
- Urticaria, and dreams, (Saul), 467.
- 'Utilization of Early Current Dreams in Formulating Psychoanalytic Cases', (Saul), 453-69.
- Valentine, Cyril H., 'The Treatment of Moral and Emotional Difficulties', (Rev.), (Moore), 154-56.
- Varnum, Walter C., 'Psychology in Everyday Life', (Rev.), (Frank), 144.
- Vienna group, and Freud, (Deutsch), 184-94.
- Von Andics, Margarethe, '*Über Sinn und Sinnlosigkeit des Lebens*', (Rev.), (Herold), 433-34.
- Waelder, Robert, '*Kriterien der Deutung*', (Abstr.), 448; 'Psychological Aspects of War and Peace', (Rev.), (Silverberg), 549-50.
- War, and peace, (Waelder), (Rev.), 549-50; personal aggressiveness in, (Durbin and Bowlby), (Rev.), 550-55.
- Weil, Polly Leeds, translator of Jekels and Bergler, 394-414; translator of Bergler, 481-92.
- Weiss, Edward, 'Recent Advances in the Pathogenesis and Treatment of Hypertension—A Review', (Abstr.), 578-79.

- Westwick, Atwell, on 'Criminology and Psychoanalysis', 269-82.
- Winterstein, on sleep, (Jekels and Bergler), 395, 396-97.
- Wish fulfilment, and dreams, (Jekels and Bergler), 401, 405.
- Wittels, Fritz, on 'Phantom Formation in a Case of Epilepsy', 98-107; reviewer of Montassut, 422-24; 'The Neo-Adlerians', (Abstr.), 580.
- 'Your Mind and How to Use It', (Ennever), (Rev.), 144-45.
- Zilboorg, Gregory, reviewer of Sakel, 419-20; reviewer of Osborn, 442-43; reviewer of Boas, 443; 'Sociology and the Psychoanalytic Method', (Abstr.), 580.
- 'Zur Ätiologie der mongoloiden Idiotie', (Geyer), (Rev.), 424-25.

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